

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001352

1. Entity Name

EQUITY MONEY MORTGAGE, L.L.C.

Principal Place of Business

2511 PONCE DE LEON BLVD., STE 205  
CORAL GABLES FL 33134

Mailing Address

2511 PONCE DE LEON BLVD., STE 205  
CORAL GABLES FL 33134-6019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0854523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALENTIN, CARLOS ESQ.  
2511 PONCE DE LEON BLVD., STE 205  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM VALENTIN, CARLOS ☐ Delete  
STREET ADDRESS 2511 PONCE DE LEON BLVD., STE 205  
CITY- ST- ZIP CORAL GABLES FL 33134

TITLE NAME MGRM CASTRODAD, BRENDA ☐ Delete  
STREET ADDRESS 11330 NW 61ST STREET  
CITY- ST- ZIP MIAMI FL 33178

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 2511 Ponce de Leon Blvd., #205  
CITY- ST- ZIP Coral Gables, FL 33134

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003249531--8  
CITY- ST- ZIP -05/11/00--01126--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CARLOS VALENTIN  
SIGNATURE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 21, 2000

Date

(305) 445-6300

Daytime Phone #

CR2E083 (9/99)