

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

007147

DOCUMENT # L99000007519

1. Entity Name

MORTGAGE INVESTORS LLC

02-05-2002 90072 044 ****50.00

Principal Place of Business

70 S.E. 4TH AVENUE
DELRAY BEACH FL 33483

Mailing Address

70 S.E. 4TH AVENUE
DELRAY BEACH FL 33483

2. Principal Place of Business

416 NE 4th Street
Suite # 4
DeLray Beach FL

3. Mailing Address

416 NE 4th Street
Suite # 4
DeLray Beach FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0961022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOVIERO, ANTHONY C
70 S.E. 4TH AVENUE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name ANTHONY C. SOVIERO

Street Address (P.O. Box Number is Not Acceptable)
416 NE 4th Street

Suite # 4

City DeLray Beach FL Zip Code 33483

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

1/29/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ANTHONY C. SOVIERO ☐ Delete
STREET ADDRESS 70 S.E. 4TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ANTHONY C. SOVIERO ☒ Change ☐ Addition
STREET ADDRESS 416 NE 4th Street
CITY-ST-ZIP Suite # 4 DeLray Beach FL

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

TITLE NAME ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/29/02

007147