

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90007 049 ****50.00

DOCUMENT # M00000002229

1. Entity Name

CORAL GABLES, MORTGAGES LLC

Principal Place of Business

**2000 SPRING RD., STE. 520
OAK BROOK IL 60523**

Mailing Address

**2000 SPRING RD., STE. 520
OAK BROOK IL 60523**

2. Principal Place of Business

9100 S. DADELAND BLVD

3. Mailing Address

11220 S. HARLEM AV

Suite, Apt. #, etc.

SUITE 1110

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

WORTH IL

Zip

33156

Country

U.S.A.

Zip

60482

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4356156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PRODUCERS MORTGAGE CORP.
2000 SPRING RD. SUITE 520
OAK BROOK IL 60523** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEMM
MCCOY, GARY R
103 CENTURY 21 DR. SUITE 206
JACKSONVILLE FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
BLOOMINGKEMPER, RONALD
103 CENTURY 21 DR., SUITE 206
JACKSONVILLE FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

MANAGER REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)