

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # M59251**1. Entity Name  
TRUST MORTGAGE OF FLORIDA, INC.

## Principal Place of Business

1149 SW 27TH AVENUE  
SUITE 305  
MIAMI  
33135

FL

US

## Mailing Address

8450 SW 34TH TERRACE  
SUITE 223  
MIAMI  
33155

FL

US

## 2. Principal Place of Business

8450 S.W. 34 TERRACE

## 3. Mailing Address

Suite, Apt. #, etc.  
SUITE 305

Suite, Apt. #, etc.

## City &amp; State

MIAMI

FL

## City &amp; State

## Zip

33135

## Country

US

## Zip

## Country

## 4. FEI Number

59-2845176

## Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CUERVO ELSA G  
8450 SW 34TH TERRACE

MIAMI

FL

33155

## 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)

04/24/2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CUERVO ELSA G	
STREET ADDRESS	8450 SW 34 TERR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	CUERVO ELSA G	
STREET ADDRESS	8450 SW 34 TERR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PS	<input type="checkbox"/> Delete
NAME	CUERVO ELSA G	
STREET ADDRESS	8450 SW 34TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Elsa G. Cuervo

P

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)