

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90045 033 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N22030**

1. Entity Name

**MIAMI CHAPTER OF THE FLORIDA ASSOCIATION OF MORT**

Principal Place of Business

Mailing Address

11890 SW 8TH STREET  
#303  
MIAMI FL 33184  
US

11890 SW 8TH STREET  
#303  
MIAMI FL 33184-1742  
US

2. Principal Place of Business

3. Mailing Address

1292 Cedar Center Drive

PO BOX 6477

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, Florida

Tallahassee, Florida

Zip  
32301

Country  
Leon

Zip  
32314-6477

Country  
Leon

4. FEI Number

65-0039750

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Karen Wordell-Smith

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

1292 Cedar Center Drive

City

Tallahassee

FL

Zip Code  
32301

DARMANIN, ERIC  
15010 SW 69TH COURT  
MIAMI FL 33162

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

*Karen Wordell-Smith* KAREN J. WORDELL-SMITH

2/14/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCKE, NELSON 3191 CORAL WAY, #104 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Noeldner, Pamela 1111 N. Westshore Blvd. #401 Tampa, Florida 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARMANIN, ERIC 15010 SW 69TH COURT MIAMI FL 33158	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mesh, Scott D 11266 SW 160 Court Miami, Florida 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMMERHOFF, LISA BETH 1390 S. DIXIE HIGHWAY, #2216 CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Capetillo, Ana SD 10010 SW 127 Avenue Miami, Florida 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, BARBARA 5005 COLLINS AVE. MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERNANDEZ, ROLANDO 11890 SW 8TH STREET #303 MIAMI FL 33184	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alvarez, Lourdes L. VPD 8245 NW 36 Street Miami, Florida 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Pamela Noeldner* PAMELA NOELDNER 1/28/00 305 3795600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)