

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90969 009 \*\*\*150.00

**DOCUMENT #**

1. Entity Name  
TRIO MORTGAGE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2717 W.Cypress Creek Rd.

Suite, Apt. #, etc.  
Suite 802

City & State  
Ft.Lauderdale, FL

Zip  
33309

Country  
USA

3. Mailing Address  
2717 W.Cypress Creek Rd.

Suite, Apt. #, etc.  
Suite 802

City & State  
Ft.Lauderdale, FL

Zip  
33309

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1012934

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Spiegel & Utrera, P.A.

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

City  
Coral Gables

FL

Zip Code  
33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SOMERS, MARK R.  
2717 W.CYPRESS CREEK RD STE800  
FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-2003 954-935-1411

Date

Daytime Phone #

CR2E034B (12/02)