FILED
Jun 20, 2002 8:00 am
Secretary of State
05-15-2002 90103 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00.000068127

1. Entity Name
UNIVERSAL KEY MORTGAGE LENDING CO.

DO NOT WRITE IN THIS SPACE

36181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
8964 N.W. 6TH COURT Suite, Apt. #, etc.	P.O. BOX 19656 Suite, Apt. #, etc.	65 104 5224	Applied For Not Applicable
City & State: PLANTATION FL	City & State: PLANTATION FL		
Zip: 33324 Country: BROWARD	Zip: 33318 Country: BROWARD	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: PALYO, YRVEL J

Street Address (P.O. Box Number is Not Acceptable)
8964 N.W. 6TH COURT

City: PLANTATION FL Zip Code: 33324

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] President 4/24/02
(Signature, specify printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1st-May 1 Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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 PRESIDENT NAME PALYO YRVEL J. STREET ADDRESS 8964 N.W 6TH COURT CITY-ST-ZIP PLANTATION FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PALYO YRVEL J 4/27/02
(Signature of TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #