

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90044 034 ***150.00

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 200

DOCUMENT # P00000070549

1. Entity Name

VELARDE Mortgage, INC.,

DO NOT WRITE IN THIS SPACE

822467

2. Principal Place of Business

1213 PERIWINKLE WAY

3. Mailing Address

1213 PERIWINKLE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SANIBEL, FL

City & State

SANIBEL, FL

4. EEI Number

59-3662363

Applied For

Not Applicable

Zip

33957

Country

USA

Zip

33957

Country

USA

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

7. Name and Address of Current Registered Agent

Name

CARLO VELARDE

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

1213 PERIWINKLE WAY

City

SANIBEL

FL

Zip

33957

DO NOT WRITE
IN THIS SPACE

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

X *Carlo Velarde*

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

(If not Registered Agent signature required when re-registering)

1/10/02

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPRES.
CARLO VELARDE
1213 PERIWINKLE WAY
SANIBEL, FL, 33957TITLE
NAME
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CITY-ST-ZIPTITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: X *Carlo Velarde*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/02

Corporate Filing Fee

CR2E034B (12/01)