2003 **FOR PROFIT CORPORATION** 2002

UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State
02-14-2003 90222 005 ***150.00

DOCUMENT # P00000070549

1. Entity Name

Velarde Mortgage, INC.

90026796

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2. Principal Place of Business	3. Mailing Address
1213 Periwinkle	1213 Periwinkle
Suite, Apt. #, etc. WAY	Suite, Apt. #, etc. WAY
City & State SANIBEL, FL	City & State SANIBEL, FL.
Zip 33957 Country	Zip 33957 Country

4. FEI Number 59-3662363 ☐ Applied For ☐ Not Applicable

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

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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 Code 33957

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 Carlo Velarde 2/4/03
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	P, VP, S, T
NAME	CARLO VELARDE
STREET ADDRESS	1213 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL. 33957
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CR2E034B (12/02)

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: Carlo Velarde 2/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #