

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082288

1. Entity Name

CAROUSEL MORTGAGE LOAN, CORP.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90061 003 ***150.00

0236149

Principal Place of Business

~~9010 S.W. 137TH AVENUE~~
~~SUITE 113~~
~~MIAMI FL 33186~~

Mailing Address

9010 S.W. 137TH AVENUE
SUITE 113
MIAMI FL 33186

2. Principal Place of Business

5401 Collins Avenue
Suite, Apt. #, etc.
CU-6

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

City & State

Zip
33139

Country
USA

Zip

Country

4. FEI Number

65-1036307

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMADOR, YIZEL

~~9010 S.W. 137TH AVENUE~~
~~SUITE 113~~
~~MIAMI FL 33186~~

7. Name and Address of New Registered Agent

Name

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

5401 Collins Avenue

Suite No. CU-6

City

MIAMI BEACH

FL

Zip Code

33139

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

YIZEL AMADOR

4/23/01

(NOTE: Registered Agent's 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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PD
NAME AMADOR, YIZEL
STREET ADDRESS ~~9010 SW 137TH AVE SUITE 113~~
CITY-ST-ZIP ~~MIAMI FL 33186~~

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5401 Collins Avenue Ste CU-6
CITY-ST-ZIP MIAMI BEACH, FL., 33139

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YIZEL AMADOR

4/23/01

Date

Daytime Phone #

CR2E034 (10/00)