2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000090816**

1. Entity Name
PRINCIPAL MORTGAGE CORP.

Principal Place of Business	Mailing Address
7990 S.W. 117TH AVENUE STE 137 MIAMI FL 33183	7990 S.W. 117TH AVENUE STE 137 MIAMI FL 33183

2. Principal Place of Business		3. Mailing Address	
11687 SW 144 AVE		11687 SW 144 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33186	Country:	Zip: 33186	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1059543** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARGARINI JOHNNY
7990 S.W. 117TH AVENUE
STE 137
MIAMI FL
33183

7. Name and Address of New Registered Agent

Name: MARGARINI JOHNNY
Street Address (P.O. Box Number is Not Acceptable): 11687 SW 144 AVE
City: MIAMI **FL** Zip Code: 33186

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 ____________________ 04/01/2001
Signature, typed or 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) ☒

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PRES	☒ Change ☐ Addition
NAME	MARGARINI JOHNNY		NAME	MARGARINI JOHNNY	
STREET ADDRESS	7990 S.W. 117TH AVENUE STE 137		STREET ADDRESS	11687 SW 144 AVE	
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	☐ Delete	TITLE	SECR	☒ Change ☐ Addition
NAME	MARGARINI DIANE		NAME	MARGARINI DIANE	
STREET ADDRESS	7990 S.W. 117TH AVENUE STE 137		STREET ADDRESS	11687 SW 144 AVE	
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP	MIAMI FL 33186	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY MARGARINI PRES 04/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #