FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90339 003 ***150.00

DOCUMENT # P00000090816

1. Entity Name
Principal Mortgage Corp.

DO NOT WRITE IN THIS SPACE

B0053748

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2. Principal Place of Business	3. Mailing Address
9999 Sunset DR.	9999 Sunset DR.
Suite, Apt. #, etc. 214	Suite, Apt. #, etc. 214
City & State Miami fl.	City & State Miami fl.
Zip 33173 Country USA	Zip 33173 Country USA

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

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: Andres Alos P.A.
Street Address (P.O. Box Number is Not Acceptable): 3306 Ponce DeLeon Blvd. #250
City: Coral Gables FL Zip Code: 33134

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] 2/28/02
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)

January 1 - May 1 Fee is $150.00
After May 1, 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	Johnny Margarini
STREET ADDRESS	9999 Sunset DR. #214
CITY-ST-ZIP	Miami fl. 33173
TITLE	Director
NAME	Diane Margarini
STREET ADDRESS	9999 Sunset Dr #214
CITY-ST-ZIP	Miami fl. 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] 2/28/02 D Margarini