2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90160 049 ***150.00

DOCUMENT # P00000090816

1. Entity Name
PRINCIPAL MORTGAGE CORP.

Principal Place of Business	Mailing Address
9999 SUNSET DR.	9999 SUNSET DR.
214	214
MIAMI FL 33173	MIAMI FL 33173

2. Principal Place of Business	3. Mailing Address
9999 Sunset DR.	9999 Sunset DR
Suite, Apt. #, etc. 208	Suite, Apt. #, etc. 208
City & State Miami fl.	City & State Miami fl.
Zip 33173 Country DADE	Zip 33173 Country DADE

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
ALOS, ANDRES P.A.	Name Andres Alos P.A.
3306 PONCE DELEOU BLVD.	Street Address (P.O. Box Number is Not Acceptable) 10271 SW 72 St
#250	Suite 102
MIAMI FL 33134	City MIAMI FL Zip Code 33173

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARGARINI, DIANE		NAME	
STREET ADDRESS	9999 SUNSET DR. #214		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARGARINI, JOHNNY		NAME	
STREET ADDRESS	9999 SUNSET DR. #214		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173		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	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/25/03 305 274-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #