

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000091004**

1. Entity Name

**MORTGAGE ARCHITECTS INC.****FILED****Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90068 022 \*\*\*158.75

**906379**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1271 STATE ROAD 436  
SUITE B149  
CASSELBERRY FL 32707**

Mailing Address  
**1271 STATE ROAD 436  
SUITE B149  
CASSELBERRY FL 32707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3672376**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**MICHAEL E. MOLLIKA**

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

**1271 STATE ROAD 436 SUITE B149**

City

**CASSELBERRY****FL**

Zip Code

**32707**

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.

(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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSTD	MOLLIKA, MICHAEL E	1271 STATE ROAD 436 SUITE B149	CASSELBERRY FL 32707	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PSTD	JOHN VICKERS	2800 STRAND LOOP CT	OVIEDO FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN VICKERS****JAN 16 2001**

Date

**407 474 4684**

Daytime Phone #

CR2E034 (10/00)