FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90892 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099791

1. Entity Name

CONTINENTAL MORTGAGE CAPITAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2141 N. University Dr	2141 N. University Dr
Suite, Apt. #, etc. 220	Suite, Apt. #, etc. 220
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071 Country USA	Zip 33071 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1053140 ☐ 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: SPIEGAL & UTERA, P.A.

Street Address (P.O. Box Number is Not Acceptable): 343 ALMERIA AVE

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: No Change in Registered Agent DATE

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

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	PSTD
NAME	Milford, Richard A.
STREET ADDRESS	2400 E Las Olas Blvd #232
CITY-ST-ZIP	FL Lauderdale, FL 33301
TITLE	Director
NAME	Holland, Mitchell A.
STREET ADDRESS	1648 NW 97 Terrace
CITY-ST-ZIP	Coral Springs FL 33071
TITLE	Director
NAME	Vessel, Jeffery B.
STREET ADDRESS	1648 NW 97 Terrace
CITY-ST-ZIP	Coral Springs FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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], Director — 4/15/02 — 954-755-5894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #