

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

payable

DOCUMENT # *P0000100511*

1. Entity Name

*Corinthian Mortgage Group, Inc.
D/B/A United Bank Corp.*



2003/2002
FILED

03 APR 22 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1560 Saugus Corporate Pkwy

Suite, Apt. #, etc.

4TH FLOOR

3. Mailing Address

Suite 205

Suite, Apt. #, etc.

SAUTE AS

City & State

SUNRISE, FL

City & State

Principal

Zip

33323

Country

Broward

Zip

Principal

Country

4. FEI Number

651050687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Naria Valdez-Ramirez

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

1560 Saugus Corporate Pkwy

City *4TH FLOOR*

SUNRISE

FL

Zip Code

33323

**DO NOT WRITE
IN THIS SPACE**

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

Naria Valdez-Ramirez

(NOTE: Registered Agent signature required when reinstating)

4/14/03

DATE

January 1 - May 1 Fee is \$550.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Naria Valdez-Ramirez

1560 Saugus Corporate Pkwy

4TH FLOOR

SUNRISE, FL 33323

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

500016670265

*04/22/03--01061--004 **150.00*

1560 Saugus Corporate Pkwy

4TH FLOOR

SUNRISE, FL 33323

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LESLIE E. DIAZ

1560 Saugus Corporate Pkwy

4TH FLOOR

SUNRISE, FL 33323

TITLE

NAME

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CITY-ST-ZIP

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4TH FLOOR

SUNRISE, FL 33323

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Naria Valdez-Ramirez

Naria Valdez-Ramirez 448-5800

Date

Daytime Phone #

CR2034B (12/02)



CORINTHIAN MORTGAGE GROUP, INC.

Licensed Correspondent Lender

DBA United Banc Corp.

April 14, 2003

Florida Dept. of State
Div of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I called on Friday, the 14th of April and I was told to send evidence of the cashier's check that was sent out on 7-16-2002. I never received the Dissolution of the Corporation at all. The only reason I found out that you never received the cashier's check was because I applied for an approval with a new Lender, they looked up the Corporation on Sunbiz.org, and they told me.

I'm very good about these things but I really haven't been working for the past 6 months or so and I really didn't follow up after I sent the cashier's check. I called my bank on Friday, today to make sure the cashier's check hasn't been cashed, and they're working on getting me a confirmation so I can get a refund back. Also to make sure the Dept. of State didn't post it to another Corporation.

In the meantime, I'm enclosing a check for \$150.00 so that the Corporation can be re-instated since I need to be approved with these two new Lenders I'm working with.

I thank you in advance for your cooperation in this matter.

Sincerely,

Maria Valderrama
President

P.S. No information has changed in our USB Report whatsoever.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003443

1. Corporation Name

Isle of Capri Neighborhood Association Inc.

2. Principal Office Address

606 SW Bayshore Blvd

3. Mailing Office Address

PO Box 880038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34983

Country

US

Zip

34988

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

7/13/1994

5. FEI Number

65-0517439

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bayshore Association Management, INC

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

606 SW Bayshore Blvd.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34983

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

3-25-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T Pres.	Robert Paternostro	608 NW Lambrosco Dr.	Port St. Lucie, FL 34986
T Secy.	Robert Hitt	574 NW Montevina Dr.	Port St. Lucie, FL 34986
T Treas.	Joyce Dance	568 NW Lambrosco Dr.	Port St. Lucie, FL 34986
T V.P.	Marty Foglia	599 NW Lambrosco Dr.	Port St. Lucie, FL 34986
D Dir.	Brenda Foglia	599 NW Lambrosco Dr.	Port St. Lucie, FL 34986

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] 3/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)