

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90165 048 ***150.00

DOCUMENT # P00000105687

1. Entity Name

WZ MORTGAGE INC.

Principal Place of Business

Mailing Address

7069 S.W. 46 ST.
MIAMI FL 33155

7069 S.W. 46 ST.
MIAMI-FL 33155

2. Principal Place of Business

3. Mailing Address

1700 SW 57th Ave.

1700 SW 57th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S 216

S 216

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33155

USA

33155

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAYAS, WILLIAM
7069 S.W. 46 ST.
MIAMI FL 33155

Name

William Zayas

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

1700 SW 57th Ave. S 216

City

Miami

FL

Zip Code

33155

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

William Zayas

04/15/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ZAYAS, WILLIAM
STREET ADDRESS 7069 S.W. 46 ST.
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE PD
NAME William Zayas
STREET ADDRESS 1700 SW 57th Ave. S 216
CITY-ST-ZIP Miami, FL 33155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *William Zayas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/01 (305)218-6380

Date

Daytime Phone #

CR2E034 (10/00)