

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90023 003 \*\*\*150.00

**DOCUMENT # P00000107822****1. Entity Name**  
**BANKINCA.COM, MORTGAGES, INC.****Principal Place of Business**  
**1515 UNIVERSITY DR. SUITE 103-D**  
**CORAL SPRINGS FL 33071****Mailing Address**  
**1515 UNIVERSITY DR. SUITE 103-D**  
**CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**3300 University Dr.****3. Mailing Address**  
**P.O. Box 772188**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 906**

City &amp; State

City &amp; State

**Coral Springs, FL****Coral Springs, FL****4. FEI Number****65-1043118**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33065****Broward****33077****USA****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****RODRIGUEZ, MANUEL E**  
**1515 UNIVERSITY DR, SUITE 103-D**  
**CORAL SPRINGS FL 33071**

Name

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

City

**FL**

Zip Code

**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD**  
**LEFEBVRE, JONATHAN C**  
**2150 NW 105TH LANE**  
**CORAL SPRINGS FL 33071** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**C**  
**Levy, Moyses S**  
**2150 NW 105th Lane**  
**Coral Springs, FL 33071** ☐ Change ☒ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VD**  
**RODRIGUEZ, MANUEL E**  
**1515 UNIVERSITY DR, SUITE 103-D**  
**CORAL SPRINGS FL 33071** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 24, 2001**

Date

**(954) 227-1175**

Daytime Phone #

CR2E034 (10/00)