2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2002 8:00 am Secretary of State

200			ME33 NEFU	<u></u>	(UDA)	<u>'</u>	Secretary	of St	ate	
1	DOCUMENT # P00000110942						Secretary of State 03-06-2002 90088 027 ***150.00			
		ORTGAGE CORPOR	PATION			ļ				
					· <u></u>					
Principal Place of Business 7765 SW 87TH AVE. STE 207			Mailing Address 7785 SW 87TH AVE, STE 207							
MIAMI FL 33173			MIAMI FL 33173				410120			
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2. Principal Place of Business			3. Mailing Address					DI 1981) BALISA SANIA	BERTA PLAT TORS	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			70	DO NOT WRITE IN THI	S SPACE		
City & Sta	te		City & State			4.	FEI Number 10 (9/30)	<i>,</i> ———	pplied For ot Applicable	
Zip		Country	Zip Count		ntry	5.	Certificate of Status Desired	\$8.75 Ad	ditional	
		and Address of Current R				7.	7. Name and Address of New Registered Agent			
SANTIAGO, RAMON A JR						oee /P ()	Box Number is Not Acceptable)			
7765 SW 87TH AVE, STE 207					diedi Addre	DBG (F.O., I	Box realings is real Acceptable)			
MIAMI FL 33173					City			Zlp Cod	le	
The above named entity submits this statement for the purpose of changing its registered office.						istered ac	Frent or both in the State of Florida	<u> </u>		
4. III 800V	a named entity	y submits this statement for t	no pulpose of changing its	ieAisteir	ad onica or rag	i staraci af	gent, or both, in the State of Florida.			
SIGNATURE	Signature, typed	or printed name of registered agent and	f title if applicable. (NOTE	: Registere	d Agent signature re	quired when r	reinstating) DATE		 j	
9. This corp	oration is eligi	ible to satisfy its Intangible	FILE NOW!	II FEE	IS \$150.00		48 Floation Comparing Floating	AF 6		
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees	
11.		OFFICERS AND DI	<u></u>	12.			L DDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME	PTD SANTIAGO), RAMON A JR	☐ Oelata	DTLE NAM	1			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5390 SW (B4 CT			ET ADDRESS - ST-ZIP				ĺ	
TITLE	VSD	L 33130	☐ Delete	TITLE				☐ Changa	☐ Addition	
NAME STREET ADDRESS	SANTIAGO 5390 SW (), Maria v Diaz Ra Ct		NAMI	E Et adoress					
CITY-ST-ZIP	S MIAMI F		·		-ST-ZIP					
TITLE.			Coleta		- 1			Change	= addition=	
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CITY-ST-ZIP	<u> </u>		☐ Delete	TITLE	ST-ZIP			☐ Change	☐ Addition	
NAME			LJ Dake	NAME	:					
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TITLE	 		☐ Delete	TITLE				☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE			☐ Delete	STREI CITY- TITLE	ET ADDRESS ST-ZIP			Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ET ADDRESS S1-ZIP		119.07(3Xii). Florida Statutes, i further c			

13. I hereby certify that the information supplied with this filing does not quality 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 affect as if made under oath; that I am an officer or director of the corporation or the receiver or truslee 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR

Date

Oaytime Phone #