

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114098

1. Entity Name

FIRST CAPITAL MORTGAGE OF AMERICA INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90021 024 ***150.00

Principal Place of Business

3501 SW 107 AVE
MIAMI FL 33165

Mailing Address

3501 SW 107 AVE
MIAMI FL 33165

2. Principal Place of Business

10541 SW 107 ST.

Suite, Apt. #, etc.

3. Mailing Address

10541 SW 107 ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

USA

City & State

Miami, FL

Zip

33176

Country

4. FEI Number

65-108-4202

Applied For

Not Applicable

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

DIAZ, NELSON I
3501 SW 107 AVE
MIAMI FL 33165

Name

NELSON DIAZ-SOLIS

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

10541 SW 107 ST.

City

Miami

FL

Zip Code

33176

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

3/21/01

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 PSTD
NAME DIAZ-SOLIS, NELSONI
STREET ADDRESS 3501 SW 107 AVE
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE PSTD
NAME NELSON DIAZ-SOLIS
STREET ADDRESS 10541 SW 107 ST.
CITY-ST-ZIP Miami, FL 33176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON DIAZ-SOLIS

3/21/01

Date

(305)2708009

Daytime Phone #

CR2E034 (10/00)