

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90716 003 ***150.00

U143308 AV

DOCUMENT # P01000008730

1. Entity Name
MORTGAGELINE CORPORATION

Principal Place of Business Mailing Address
16921 NORTHWEST 57TH AVENUE **POST OFFICE BOX 172973**
MIAMI FL 33055 **HIALEAH FL 33017**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1088422** 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

~~SPIEGEL & UTRERA, P.A.~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

Name **Libi Dubois**
 Street Address (P.O. Box Number is Not Acceptable)
5445 COLLINS AVENUE, SUITE 1026
 City **MIAMI BEACH** **FL** Zip Code **33140**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PSTD MONTENEGRO-TOIRAC, MARLENE	<input type="checkbox"/> Delete
STREET ADDRESS	16921 NORTHWEST 57TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PST Montenegro-Toirac, Marlene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 248816	
CITY-ST-ZIP	Coral Gables, FL 33124	
TITLE NAME	Director Dubois, Libi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 248816	
CITY-ST-ZIP	Coral Gables, FL 33124	
TITLE NAME	Director Rivera, IRMA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 248816	
CITY-ST-ZIP	Coral Gables, FL 33124	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **Marlene Montenegro-Toirac** 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)