

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91210 050 ***150.00

DOCUMENT # P01000015745

1. Entity Name
MORTGAGE WAREHOUSE, INC.



Principal Place of Business
11762 NORTH KENDALL DRIVE
UNIT 127
MIAMI FL 33186

Mailing Address
11762 NORTH KENDALL DRIVE
UNIT 127
MIAMI FL 33186

11005051



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0756827**

☒ **Applied For**
☐ **Not Applicable**

Zip

Country

Zip

Country

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

KUKER, HOWARD L
9200 SO. DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LERNER, MICHAEL N**
STREET ADDRESS **11762 NORTH KENDALL DRIVE UNIT 127**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(4-15-03) (305) 271-9058

Date

Daytime Phone #

CR2E034 (10/02)



ROBERT F. MILLIGAN
COMPTROLLER OF FLORIDA

JUNE 24, 2002

Attachment #
P01000015745-11005051
**OFFICE OF COMPTROLLER
STATE OF FLORIDA**

TALLAHASSEE
32399-0350

MORTGAGE WAREHOUSE INC
10481 N KENDALL DR #D-203-A
MIAMI, FL 33176

RE: MBB 0103767

Dear Licensee:

As requested, our records have been updated to show the following change(s) of address:

LOCATION ADDRESS FROM: 11762 N KENDALL DR #127
MIAMI, FL 33186

TO: 10481 N KENDALL DR #D-203-A
MIAMI, FL 33176

MAILING ADDRESS FROM: 11762 N KENDALL DR #127
MIAMI, FL 33186-2102

TO: 10481 N KENDALL DR #D-203-A
MIAMI, FL 33176

Please attach this notice to your current license as evidence of this change.

Sincerely,

DONNA MELTON
SECRETARY SPECIALIST
Division of Finance
101 E. Gaines St.
Tallahassee, FL 32399-0350