FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91514 037 ***150.00

DOCUMENT # P01000019063

1. Entity Name
A MORTGAGE SOLUTION USA, INC.

DO NOT WRITE IN THIS SPACE

643261

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5701 NW 112 ave	5701 NW 112 ave
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 102
City & State: Miami FL	City & State: Miami FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 04-3621265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Nelson Balbona

Street Address (P.O. Box Number is Not Acceptable): 5811 SW 92 ct

City: Miami FL Zip Code: 33173

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] president 04/19/02
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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: P/D NAME: Luis Camacho STREET ADDRESS: 5701 NW 112 ave H102 CITY-ST-ZIP: Miami FL 33178	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: Goofrey Pupo STREET ADDRESS: 115 NW 132 ave CITY-ST-ZIP: Miami FL 33182	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S NAME: Isabel Rodriguez STREET ADDRESS: 681 Belle Meade Island Dr. CITY-ST-ZIP: Miami FL 33138	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Luis Camacho 04/19/02 (786) 486-3817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #