

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91499 045 ***158.75

DOCUMENT # P01000030824

1. Entity Name
MISTER MONEY MORTGAGE COMPANY, INC.

Principal Place of Business
**4803 DISTRIBUTION CT STE 10
 ORLANDO FL 32822**

Mailing Address
**4803 DISTRIBUTION CT STE 10
 ORLANDO FL 32822**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5663 CURRY FORD RD

3. Mailing Address
P.O. BOX 533137

Suite, Apt. #, etc.
5663 CURRY FORD RD

Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA

City & State
ORLANDO FLORIDA

4. FEI Number
59-3711543

Applied For
 Not Applicable

Zip
32822

Country
ORANGE

Zip
32853-3137

Country
ORANGE

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

**MATA, HECTOR
 4803 DISTRIBUTION CT STE 10
 ORLANDO FL 32822**

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.

SIGNATURE: _____ (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)

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	HECTOR MATA	P.O. BOX 533137 ORLANDO FL	32822	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 supplement 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: **Hector Mata** **HECTOR MATA** **04-15-2002** **321-235-9001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)