

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-09-2003 90184 042 ***150.00

DOCUMENT # P01000042556	
1. Entity Name WESTERN MORTGAGE CORP.	

Principal Place of Business 7321 WEST 34TH COURT HIALEAH FL 33018	Mailing Address 7321 WEST 34TH COURT HIALEAH FL 33018
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2. Principal Place of Business 1790 W. 49st	3. Mailing Address 1790 W. 49st
Suite, Apt. #, etc. 305-10	Suite, Apt. #, etc. 305-10

City & State Hialeah FL	City & State Hialeah, FL
Zip 33012	Country USA



☒ CHECK HERE IF MAKING CHANGES

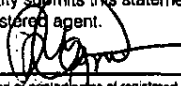
4. FEI Number 01-0606537	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MANZANARES, JOSE V 7321 WEST 34TH COURT HIALEAH FL 33018	

Please change mailing address to the one above!

7. Name and Address of New Registered Agent	
Name: ROSA Y. MANZANARES	
Street Address (P.O. Box Number is Not Acceptable): 1790 W. 49st. Ste. 305-10	
City: Hialeah	FL Zip Code: 33012

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.

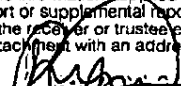
SIGNATURE:  DATE: 4/15/03

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

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	NAME MANZANARES, JOSE V	TITLE	NAME
STREET ADDRESS 7321 WEST 34TH COURT	CITY-ST-ZIP HIALEAH FL 33018	STREET ADDRESS	CITY-ST-ZIP
☒ Delete		☐ Change	☐ Addition
TITLE SVD	NAME MANZANARES, ROSA Y	TITLE	NAME
STREET ADDRESS 7321 WEST 34TH COURT	CITY-ST-ZIP HIALEAH FL 33018	STREET ADDRESS	CITY-ST-ZIP
☐ Delete		☐ Change	☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
☐ Delete		☐ Change	☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
☐ Delete		☐ Change	☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
☐ Delete		☐ Change	☐ Addition

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 all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE: 4/1/03 DAYTIME PHONE: (305) 556-2554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)