

02103
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P01000072076**

1. Entity Name

YOUR HOME/SU CASA MORTGAGE, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9215 DUBOIS BLVD

3. Mailing Address
P. O. BOX 678507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO

City & State
ORLANDO

4. FEI Number **59-3732379**

Applied For
 Not Applicable

Zip
32825

Country
ORANGE

Zip
32867

Country
ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HERIBERTO MARTE**

Street Address (P.O. Box Number is Not Acceptable)

9215 DUBOIS BLVD

City **ORLANDO**

FL

Zip Code
32867

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

HERIBERTO J. MARTE

01/04/2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
MARTE, HERIBERTO
9215 DUBOIS BLVD
ORLANDO, FL 32825

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
700014061597
03/13/03--01042--015 **300.00

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
NELSON ACOSTA
9215 DUBOIS BLVD
ORLANDO, FL 32867

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
NAVARRO, ALTA
9215 DUBOIS BLVD
ORLANDO, FL 32825

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

HERIBERTO J. MARTE

01/04/2003

407-758-7172

SIGNATURE-TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/3/03