


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P01000082209</u>	
1. Entity Name <u>DeLeon Mortgage Company</u>	

70054088

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>4279 SW 10 St</u>	3. Mailing Address <u>4279 SW 10 St</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Miami, FL 33134</u>	City & State <u>Miami, FL</u>	4. FEI Number <u>22-3823816</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33134</u> Country <u>USA</u>	Zip <u>33134</u> Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name <u>Daniel Oliva</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>4279 SW 10 St</u>		
City <u>Miami</u>	FL	Zip Code <u>33134</u>

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 Daniel Oliva 4/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>President</u> <u>Daniel A. Oliva</u> <u>4279 SW 10 St</u> <u>Miami, FL 33134</u>	TITLE NAME 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 like empowered.

SIGNATURE: Daniel Oliva 4/29/03 305-486-6160

CR2E034B (12/02)