04/29/2002 17:38 4079444366 BGFS INC

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90112 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093796

1. Entity Name: OPTION INVESTMENT MORTGAGE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8113 Amon Dr	8113 AMON DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORLANDO, FL	ORLANDO, FL
City & State	City & State
32822	32822
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-374-9615 ☐ 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: Maite Gonzalez

Street Address (P.O. Box Number is Not Acceptable): 8113 Amon Dr

City: Orlando FL Zip Code: 32822

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: _____ DATE: 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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 $400.00
Amended AR is $361.25
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
NAME	Maite Gonzalez
STREET ADDRESS	8113 Amon Dr
CITY-ST-ZIP	Orlando, Fl, 32822
TITLE	V
NAME	Julia J. Garcia
STREET ADDRESS	8113 Amon Dr
CITY-ST-ZIP	Orlando, Fl, 32822
TITLE	V
NAME	Juan M Garcia
STREET ADDRESS	8113 Amon Dr
CITY-ST-ZIP	Orlando, Fl, 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Maite Gonzalez 4/30/02
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #