2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000095877 **DOCUMENT #**

1. Entity Name

MB MORTGAGE CORPORATION



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90221 041 ***150.00



Principal Place of Business 18836 SW 28TH CT. MIRAMAR FL 33029		Mailing Address 18836 SW 28TH CT. MIRAMAR FL 33029							
Principal Place of Business 3. Mailing Address					E (CONTROL TA) COURT TIENT COURT COURT COURT BRITE LEVEL BATTL BATTL TOUR TANK TOUR				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
	City &	City & State			4. FEI Number 65-1141250 Applied For Not Applicab				
Country	Zip		Country		5. Certificate of Status Desired				
6. Name and Address of Curr	ent Registered	Agent		7,	Name and Address of New Rec	istered Ag	ent-		
	<u> </u>	.	Name						
MILANO, REGULO A 18836 SW 28TH CT.			Street A	ddress (P.O. E	Box Number is Not Acceptable)				
							ı ''' = 		
•			City			• —	·		
amed entity submits this statements of registered agent.	nt for the purpo	se of changing its	registered office or	registered ac	gent, or both, in the State of Flori		niliar with, a	and accept	
gnature, typed or printed name of registered a	agent and title if applic	cable. (NOT	E: Registered Agent signat	ure required when	reinstating)	DATE			
May 1, 2003 Fee will be \$550	.00				1 -	ncing		0 May Be to Fees	
		ns	11.	A	DDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTORS		
PVST MILANO, REGULO A		☐ Delete	TITLE NAME STREET ADDRESS			1	Change	☐ Addition	
		. Dalata	CITY-ST-ZIP	-		<u></u>	☐ Change	Addition	
MILANO, REGULO A 18836 SW 28TH CT.		- Oesete	NAME STREET ADDRESS CITY-ST-ZIP						
MIN WINNEY E GOOD		Delete -	NAME STREET ADDRESS CITY-ST-ZIP				Change -		
464	•	Delete	TITLE NAME STREET ADDRESS				Change	Addition	
	_	☐ Delete	TITLE NAME			·	☐ Change	☐ Addition	
		□ Delete	TITLE NAME				☐ Change	☐ Addition	
	CT. 29 Ee of Business etc. Country 6. Name and Address of Curr GULO A 28TH CT. L 33029 amed entity submits this statemens of registered agent. ignature, typed or printed name of registered in the country of	CT. 18836 S MIRAMA De of Business 3. Mailin etc. Suite, City & Country Zip 6. Name and Address of Current Registered GULO A 28TH CT. L 33029 amed entity submits this statement for the purpous of registered agent. Ignature, typed or printed name of registered agent and title if applications, typed or printed name of registered agent and title if applications. E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTOR PVST MILANO, REGULO A 18836 SW 28TH CT. MIRAMAR FL 33029 D MILANO, REGULO A 18836 SW 28TH CT.	Total Service of Business The of Busine	CT. 18836 SW 28TH CT. MIRAMAR FL 33029 De of Business 3. Malling Address etc. Suite, Apt. #, etc. City & State Country Zip Country Ame and Address of Current Registered Agent Street Address of Current Registered Agent City & State Country City Amed antity submits this statement for the purpose of changing its registered office or ns of registered agent and tide if applicable. (NOTE: Registered Agent alignated Agent Agent alignated Agent Ag	OT: 18836 SW 28TH CT. MIRAMAR FL 33029 See of Business 3. Mailing Address etc. Suite, Apt. #, etc. Country Zip Country 5. 6. Name and Address of Current Registered Agent Name Street Address (PO. 8. 88TH CT. Sireet Address (PO. 8. 88TH CT. Sireet Address (PO. 8. 88TH CT. City & State Name Street Address (PO. 8. 88TH CT. City Name City Sireet Address (PO. 8. 88TH CT. City Name City Sireet Address (PO. 8. 88TH CT. City Name City Sireet Address (PO. 8. 88TH CT. City Name City Sireet Address (PO. 8. 88TH CT. City Name Street Address (PO. 8. 88TH CT. City Name Sireet Address (PO. 8. 88TH CT. City Name Sireet Address (PO. 8. Sireet Address (PO.	te of Business 2. Miramar Ft. 33029 The deficiency of Business 2. Maniling Address etc. Gity & State General Programme General Programme	To MIRAMAR FL 33029 Be of Business 3. Mailing Address ce of Business 3. Mailing Address cetc. City & Stato Country Zip Country Zip	THE NAME OF PROJECT OF STORY AND STREET ADDRESS THE NAME OF PROJECT OF STORY TO STORY THE NAME OF PROJECT OF STORY THE NAME OF STORY THE NAME OF PROJECT OF STORY THE NAME OF STORY THE NAME OF PROJECT OF STORY	

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 tustee 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:

Daytime Phone #