

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91119 049 ***150.00

DOCUMENT # P01000105494

1. Entity Name
TAMPA MORTGAGE LOANS, INC.

Principal Place of Business

**15919 OLD STONE PLACE
TAMPA FL 33624**

Mailing Address

**15919 OLD STONE PLACE
TAMPA FL 33624**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8000 N ARMENIA AV

Suite, Apt. #, etc.

B

3. Mailing Address

8000 N ARMENIA AV

Suite, Apt. #, etc.

B

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59.3753100

Applied For

Not Applicable

Zip

33604

Country

USA

Zip

33604

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

JOHNNY A URRUTIA

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

8000 N ARMENIA AV SUITE B

City

TAMPA

FL

Zip Code

33604

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

JOHNNY A URRUTIA President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **URRUTIA, JOHNNY A**
CITY-ST-ZIP **15919 OLD STONE PLACE
TAMPA FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHNNY A. URRUTIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/02 (83) 936 7336

Daytime Phone #

CR2E034 (9/01)