

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000118993

1. Entity Name

WESTERN EQUITY MORTGAGE, INC.

Principal Place of Business

4141 NORTH MIAMI AVENUE
SUITE 211
MIAMI FL 33127

Mailing Address

4141 NORTH MIAMI AVENUE
SUITE 211
MIAMI FL 33127

2. Principal Place of Business

1990 NE 163rd Street

Suite, Apt. #, etc.

Suite # 101

City & State

N. MIAMI Beach, FL

Zip

33162

Country

U. S. A.

3. Mailing Address

1990 NE 163rd St

Suite, Apt. #, etc.

Suite # 101

City & State

N. MIAMI Beach, FL

Zip

33162

Country

U. S. A.

4. FEI Number

01-0552533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALSAINT, JEAN R

4141 NORTH MIAMI AVENUE

SUITE 211

MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D. VALSAINT JEAN R.	500 SW 18th Way	Pembroke Pines, FL 33029	<input type="checkbox"/>
	D. ROSE M. Valsaint	500 SW 18th Way	Pembroke Pines, FL 33029	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-2002

Date

205-944-55

Daytime Phone #

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-20-2002 90085 038 ***150.00



DO NOT WRITE IN THIS SPACE