

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

DOCUMENT # P02000003815

1. Entity Name

CHF Mortgage Corporation

DO NOT WRITE IN THIS SPACE

11030207

2. Principal Place of Business

14707 S. Dixie Hwy

Suite, Apt. #, etc

305

3. Mailing Address

14707 S. Dixie Hwy

Suite, Apt. #, etc

305

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

02-0533337

Applied For

Not Applicable

Zip

33172

Country

DADE

Zip

33172

Country

DADE

5. Certificate of Status Desired ☒ \$8.75 Additional:

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Justo E. Fanjul

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

14725 SW 83 PL

City Miami

FL

Zip Code 33158

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-03

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 \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	President	Mercedes Fanjul	14725 SW 83 PL, Miami, FL 33158

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VP/T	SVP / Secretary	Justo E. Fanjul	14725 SW 83 PL, Miami, FL 33158

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-Month-Year

4-27-03 - 7865732436

CR2E034B (12/01)