FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000050167

1. Entity Name

The Mortgage Manual, Inc

FILED
05 JUL 21 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-05 NB

2. Principal Place of Business	3. Mailing Address
21150 Point Place	
Suite, Apt. #, etc.: Unit 1402	Suite, Apt. #, etc.
City & State: Aventura Fl	City & State
Zip: 33180 Country: Dade	Zip Country

4. FEI Number: 02-0596729 ☐ 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: Camilo E. Viafara

Street Address (P.O. Box Number is Not Acceptable): 21150 Point Place

Unit 1402

City: Aventura FL Zip Code: 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

700058530187
08/12/05--01043--004 **450.00

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Patricia Tovar
STREET ADDRESS	zip 33180
CITY-ST-ZIP	21150 Point Place unit 1402 Aventura
TITLE	Vice Precident
NAME	camilo E. Viafara
STREET ADDRESS	21150 Point Place unit 1402
CITY-ST-ZIP	Aventura Fl, 33180
TITLE	Secretary
NAME	Patricia C Viafara
STREET ADDRESS	21150 Point Place #1402
CITY-ST-ZIP	Aventura, Fl 33180
TITLE	Treasurer
NAME	Angrea E Viafara
STREET ADDRESS	21150 Point Place #1402
CITY-ST-ZIP	Aventura, Fl, 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **THE MORTGAGE MANUAL, INC.**

Thank you for your courtesy in this matter.

PATRICIA TOVAR
PRESIDENT