

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

782

FILED

05 JUL 21 PM 3:53

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050167	
1. Entity Name The Mortgage Manual, Inc	

DO NOT WRITE IN THIS SPACE

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

REINSTATEMENT

03-05-10

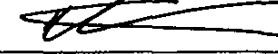
**DO NOT WRITE
IN THIS SPACE**

4. FEI Number 02-0596729	Applied For ☐ Not Applicable
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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 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 landlord with, and accept the obligations of registered agent.

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

January 1-May 1 Fee is \$150.00 After May 1, Fee is \$350.00 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
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME Patricia Tovar
STREET ADDRESS 21150 Point Place Unit 1402 Aventura	ZIP 33180
CITY-STATE-ZIP	
TITLE Vice President	NAME Camilo E. ViaFara
STREET ADDRESS 21150 Point Place Unit 1402	
CITY-STATE-ZIP Aventura FL, 33180	
TITLE Secretary	NAME Patricia C. ViaFara
STREET ADDRESS 21150 Point Place #1402	
CITY-STATE-ZIP Aventura, FL 33180	
TITLE Treasurer	NAME Andrea E. ViaFara
STREET ADDRESS 21150 Point Place #1402	
CITY-STATE-ZIP Aventura, FL 33180	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like signatures.

SIGNATURE: 
SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

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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