

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90051 012 ***150.00

DOCUMENT # P02000054449

1. Entity Name
LAKES MORTGAGE COMPANY



Principal Place of Business
**8351 NW 156 TERR
MIAMI LAKES FL 33016**

Mailing Address
**8351 NW 156 TERR
MIAMI LAKES FL 33016**

2. Principal Place of Business

16451 NW 67 Ave.

3. Mailing Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

City & State **MIAMI LAKES FL**

City & State

Zip **33014**

Country **USA**

Zip

Country

4. FEI Number
75-3057804

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ENRIQUE, STEPHEN C
TURNER & ASSOCIATES CPAS
19 W FLAGLER ST STE 600
MIAMI FL 33136**

7. Name and Address of New Registered Agent

Name **MARIA C. GARCIA-CASALS**
Street Address (P.O. Box Number is Not Acceptable)
16451 NW 67 Ave.
City **MIAMI LAKES** FL Zip Code **33014**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Maria C. Garcia-Casals

1/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PT** ☐ Delete
NAME **GARCIA-CASALS, MARIA**
STREET ADDRESS **8351 NW 156 TERR**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **GARCIA-CASALS, MARIA C.**
STREET ADDRESS **16451 NW 67 Ave.**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria C. Garcia-Casals
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA C. GARCIA-CASALS
PRESIDENT

Date **1/8/03** Daytime Phone # **(305) 823-8484**

CR2E034 (10/02)