

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90236 048 ***150.00

0152850 AV

DOCUMENT # P02000056613

1. Entity Name

DIVERSE MORTGAGE CORP.



Principal Place of Business

**2228 WEST 74 STREET
202
HIALEAH FL 33016**

Mailing Address

**2228 WEST 74 STREET
202
HIALEAH FL 33016**

2. Principal Place of Business

MIAMI LAKES DR. E

3. Mailing Address

MIAMI LAKES DR. E

Suite, Apt. #, etc.

STE. 200-D

Suite, Apt. #, etc.

STE. 200-D

City & State

MIAMI LAKES FLORIDA

City & State

MIAMI LAKES FLORIDA

Zip

33014

Country

U.S.A.

Zip

33014

Country

USA

4. FEI Number

72-1530184

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MACHADO, HERENA
2228 WEST 74 STREET
202
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

HERENA MACHADO

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

6447 MIAMI LAKES DR #200-D

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 **HERENA MACHADO**

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-9-03

DATE

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	P	<input type="checkbox"/> Delete
NAME	MACHADO, HERENA	
STREET ADDRESS	2228 WEST 74 STREET # 202	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUILES, CRISTINA	
STREET ADDRESS	2228 WEST 74 STREET # 202	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, HERENA	
STREET ADDRESS	8040 N SUNRISE LAKES DR, #303	
CITY-ST-ZIP	SUNRISE, FLORIDA 33322	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUILES, CRISTINA	
STREET ADDRESS	8040 N SUNRISE LAKES DR, #303	
CITY-ST-ZIP	SUNRISE, FLORIDA 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

305-822-1050

Daytime Phone #

CR2E034 (10/02)

Attachment
PO 2000056613
80082902



Licensing and Registration

Firm Name: DIVERSE MORTGAGE CORP

FEID: 721530184 License Type: MORTGAGE BROKERAGE BUSINESS

Address Information Change Verification

[Main Menu](#)

[View Business Information](#)

[View Branch List](#)

[FAQ](#)

[General Instructions](#)

[E-Mail Department](#)

[View all Reported](#)

[Persons](#)

[Search for a Reported Person](#)

[View Reported](#)

[Persons not terminated](#)

[Log Out](#)

Confirmation Number 4183952
Date and Time 2003-04-10 11:10:51

Business Address 8040 N SUNRISE LAKES DR., #303
Business Address 2
City SUNRISE
State FL
ZIP Code 33322-

Mail Address 8040 N SUNRISE LAKES DR., #303
Mail Address 2
City SUNRISE
State FL
ZIP Code 33322-

E-Mail Address HERENAMACHADO@AOL.COM

Please print this for your records.

RECENT ADDRESS CHANGES MAY NOT BE REFLECTED HERE. Address changes will be processed in 24-48 hours, and at that time will be posted on the website. If changes do NOT show up after 48 hours, you may contact our office at electronic_licensing@dfs.state.fl.us

[Contact Department](#)

[Return to Department Home Page](#)