

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90168 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000074038		
1. Entity Name FLORIDA STATE MORTGAGE PROCESSING, CORP.		
Principal Place of Business 1001 S.W. 41 STREET MIAMI, FL 33165		Mailing Address 1001 S.W. 41 STREET MIAMI, FL 33165
2. Principal Place of Business 100 01 S.W. 41ST.		3. Mailing Address 100 01 S.W. 41ST.
City & State MIAMI, FL		City & State MIAMI, FL
Zip 33165		Country U.S.A
4. FEI Number 04-3702137		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VIERA, BLANCA 1001 S.W. 41 STREET MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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: _____ DATE: _____ (Signature, title or printed name of registered agent and date of application) (NOTE: Registered Agent's signature required when electing)		
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO VIERA, BLANCA 1001 S.W. 41 STREET MIAMI, FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIERA, EDUARDO 1001 S.W. 41 STREET MIAMI, FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition		
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 or without the firm power.		
SIGNATURE: <u>BLANCA VIERA</u> 4/22/2003 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-267-3411		

10085131



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)