2003 FOR PROFIT CORPORATION

FILED Apr 23, 2003 8:00 am § Secretary of State . **UNIFORM BUSINESS REPORT (UBR)** P02000089123 DOCUMENT # 1. Entity Name 04-23-2003 90086 013 ***150.00 MONEY MATTERS MORTGAGE, CORP. Principal Place of Business Mailing Address 4448 NW 7TH ST. 4448 NW 7TH ST. 11008338 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 4315 NW 75T 4315 NW 75T Suite, Apt. #, etc. # 19 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For FLORIDA 47-088 3783 MIAHL MIAHI FLORIDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33126 33126 AZO USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANOS ORGL DEL CASTILLO, MARIA E Street Address (P.O. Box Number is Not Acceptable) 4448 NW 7TH ST. MIAMI FL 33126 33126 8. The above named entity gubmits 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 regist COLARS SIGNATURE -NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition BANOS, JORGE L. 4315 NW 7 ST. STE 19 DEL CASTILLO, MARIA E NAME NAME 4448 NW 7TH ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP CITY-ST-ZIP HIAHI 33126 FL TITLE **VD ∠**Delete TITLE ☐ Change ☐ Addition NAME BANOS, JORGE H 2 NAME STREET ADDRESS 4448 NW 7TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE SD. Delete. Addition .TITLE RUBI, MARISOL NAME NAME STREET ADDRESS 4448 NW 7TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TD **Z**Delete TITLE ☐ Change ☐ Addition ZAMORA, LETICIA NAME 4448 NW 7TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 justee 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. address, with all other like empowered changed, or on an attachment with

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

L. BA-NOS

☐ Delete

Change

☐ Addition