

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91259 037 ***150.00

DOCUMENT # P02000128549	
1. Entity Name	
Dorlette Mortgage Company, Inc.	

DO NOT WRITE IN THIS SPACE

94083913

2. Principal Place of Business 1900 W. Commercial Blvd., Ste. No. 101		3. Mailing Address 1900 W. Commercial Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale	
Zip 33309	Country USA	Zip 33309	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 13-4225149		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Myrlene Jean-Louis		
	Street Address (P.O. Box Number is Not Acceptable) 1900 Commercial Boulevard		
Suite No. 101			
City Ft. Lauderdale			FL Zip Code 33309

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 Myrlene Jean-Louis **Myrlene Jean-Louis** **4/27/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Myrlene Jean-Louis 1900 W. Commercial Blvd., Ste. No. 101 Ft. Lauderdale, Florida 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Myrlene Jean-Louis 1900 W. Commercial Blvd., Ste. No. 101 Ft. Lauderdale, Florida 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-Officio Clifton H. Rodriguez, CPA 3146 NW 68 Street, Ste No. 1 Ft. Lauderdale, Florida 33309-1206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE Myrlene Jean-Louis **Myrlene Jean-Louis** **4/27/2004** **(954)733-4515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #