

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

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b>	P02000128549
<b>1. Entity Name</b>	
Dorlette Mortgage Company, Inc.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1900 W. Commercial Blvd., Ste. No. 101 Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1900 W. Commerical Blvd. Suite, Apt. #, etc. 119
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Ft. Lauderdale, FL	<b>City &amp; State</b> Fort Lauderdale
<b>Zip</b> 33309	<b>Country</b> USA

<b>4. FEI Number</b> 13-4225149	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Myrlene Jean-Louis
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1900 W. Commercial Blvd., Ste. 119
<b>City</b> Fort Lauderdale
<b>FL</b>
<b>Zip Code</b> 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** **3/22/2005**  
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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson Jean-Louis, Myrlene 1900 W. Commercial Blvd., Ste. 119 Fort Lauderdale, Florida 33309
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Corporate Treasurer/Secretary Jean-Louis, Myrlene 1900 W. Commercial Blvd., Ste. No.119 Fort Lauderdale, Florida 33309
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-Officio Clifton H. Rodriquez, CPA 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**11.**

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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** **3/22/2005** **(954)733-4515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #