2001	UNIFORM BUSI	NESS REPO	RT	(UBR)				j.
DOCUMENT # P37994  1. Entity Name					SEURI SIVISION	fileb :TARY OF 51 OF CORPOR/	ATE ATIONS	M <del>e</del> ğ
Mostagae Landina Creare Ation					01 10	N 25 PM 1:	20	
Principal Place of Business Mailing ddress					1	•	<del> v</del>	
	ORTGAGE LENDING C	ORPORATION						
	186 S.W. 27th Stre Miami, Florida	et <i>3317</i>	5					
		7/0/			mena a	ATEMAE	AIT OU	111
2. Principal Place of Business		3. Mailing Address			REINSTATEMENT 990)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	9	City & State			4. FEI Number		<u> </u>	plied For
Zip	Country	Zip	Coun	iry	5. Certificate of Sta	atus Desired X	60.75	t Applicable litional
	TC: No and to the total	r .				ess of New Registe	Fee Required	<u>t</u>
	6. Name and Address of Current F	registered Agent		Name -		ALVA	red Agent .	
	OZO, LEON	rive 331 <del>3</del> 3		Street Address (P.O. Box Number is Not Acceptable)				
-	900 S-Bay Shore Doconut Grove, FL			121/1	2/ 54.1	27 AVE		
_				/ 348 City	6 5W	, , ,	FL ZiBog	
9 The above	named entity submits this statement for	the purpose of changing it	e regietore	MIH	mand agent or both in t	<del></del>	r <u>   2</u> 2	
b. The above	Harried entity sub-illistry statement for	the purpose of changing it	s registere	a bince of regist		ne otate or riorida.		
SIGNATURE .	Signature, typed or adhards of registered agent at	nd title if applicable (NO)	IE: Bernsterer	I Agent signature requi	ed when reinstation)		ATE	
9. This corne	ration is eligible to satisfy its Intangible	FILE NOW	280 g 129 cc254	- Park Sheet Mills				
Tax filing r	equirement and elects to do so.	After MAY 1, 2	001 Fee	will be \$550.00	Trust Fur	Campaign Financing ad Contribution.		May Be to Fees
11.	ia on back) OFFICERS AND (	Make Check Paya	12.	partment of S	SECOND SE	NGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE	President/Directo	or Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1020 10 011102110	Change	Addition
NAME STREET ADDRESS	Valdes, Alexis R		NAMI STRE	ET ADDRESS	300	07/02/01		T
CITY-ST-ZIP	30 De. a fiber brave			ST-ZIP		-07/03/01 ***1000.0		
TITLE	Vice-President/D	irector Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	Luque, Gladys Ele		NAMI	Er address	301	000445 -07/03/01-		
CITY-ST-ZIP	Nicanor Obarrio S	st.		ST-ZIP		*****58.7		
TIFLE	Treasurer/Directo	or Delete	TITLE			-	☐ Change	Addition
NAME STREET ADDRESS	Vergara, Omayra	Edith	NAM	ET ADORESS	۸ م	1		1
STREET ADDRESS CITY-ST-ZIP	58 St. & Abel Bra	ove	a	ST-ZIP	11/2	199		
TITLE	- Panama	☐ Delete	TITLE			100	Change	Addition
NAME ELDEET ADDRESS			NAM	ET ADDRESS	12			
STREET ADDRESS CITY-ST-ZIP	•			ST-ZIP	il			
TITLE		☐ Delete	TITLE			,	☐ Change	Addition
NAME			NAME			1		
STREET ADDRESS : CITY-ST-ZIP		•		ET ADDRESS ST-ZIP		-		
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAMI					1
STREET ADDRESS (			n n	E1 ADDRESS -ST-2IP	•			
13. Thereby o	certify that the information supplied with	this filing does not qualify to	or the exe	motion stated in :	Section 119.07(3)(i), Flo	rida Statutes. I furthe	er certify that the in	nformation
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that wered to execute this repor	my signat t as requir	ure shall have th	e same leoal effect as if	made under oath: th	nat I am an officer i	or director
cnanged,	or on an attachment with an address, w	/	1. 12.1	2		_ ~	. 1	
SIGNAT	URE: Clerce	- 1 K. 1/a			<b>チーフ</b>	-D - 200	7	·

SIGNATURE:

4-20- 2001