

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90097 018 ***158.75

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DOCUMENT # P92000004820

1. Entity Name

PUEBLO MORTGAGE CORP.

Principal Place of Business

**4160 W. 16TH AVE. SUITE #209
 HIALEAH FL 33012**

Mailing Address

**4160 W. 16TH AVE. SUITE #209
 HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0363880

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, PEDRO LUIS
 534 EAST 64TH STREET
 HIALEAH FL 33013**

Name **THE PEDRO LUIS PEREZ VALDES REVOCABLE TRUST**

Street Address (P.O. Box Number is Not Acceptable) **534 EAST 64 ST (Dated February 25, 2002)**

City

HIALEAH

FL

Zip Code **33013**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Delete
 NAME **PEREZ, PEDRO LUIS**
 STREET ADDRESS **534 E. 64TH ST.**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **Pedro Luis Perez, Trustee for** ☒ Change ☐ Addition
 NAME **THE PEDRO LUIS PEREZ VALDES REVOCABLE TRUST**
 STREET ADDRESS **534 E 64TH ST (DATED FEBRUARY 25, 2002)**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO LUIS PEREZ VALDES, TRUSTEE.

Date

Daytime Phone #

CR2E034 (9/01)