

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059172

1. Entity Name

CITY MORTGAGE CORPORATION OF MIAMI

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90462 022 ***150.00

Principal Place of Business

2451 BRICKELL AVE
 SUITE 8N
 MIAMI FL 33129

Mailing Address

2451 BRICKELL AVE
 SUITE 8N
 MIAMI FL 33129-2420

2. Principal Place of Business

5959 S.W. 28 ST.

3. Mailing Address

5959 S.W. 28 ST.

Suite, Apt. #, etc.

0

Suite, Apt. #, etc.

6

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

65-0431658

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33155

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARABALLO, LEONIDAS R.
 955 SW 2ND AVE
 STE 804
 MIAMI FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Leonidas R. Caraballo

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

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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, 2000 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
 NAME CARABALLO, LEONIDAS R
 STREET ADDRESS 955 SW 2ND AVE, STE 804
 CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

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

TITLE VTB
 NAME ARABALLO, LEONIDAS R
 STREET ADDRESS 955 SW 2ND AVE, SGE 804
 CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Leonidas R. Caraballo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (305) 857-9862

Date

Daytime Phone #

CR2E034 (9/99)