

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059172

1. Entity Name

CITY MORTGAGE CORPORATION OF MIAMI

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90377 020 \*\*\*150.00

Principal Place of Business

5959 SW 28TH ST  
MIAMI FL 33155

Mailing Address

5959 SW 28TH ST  
MIAMI FL 33155

2. Principal Place of Business

2451 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 8N

City & State

MIAMI, FL.

Zip

33129

Country

DADE

3. Mailing Address

2451 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 8N

City & State

MIAMI, FL.

Zip

33129

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0431658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

2451 BRICKELL AVE

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

SUITE 8N

City

MIAMI

FL

Zip Code

33129

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, 2001 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	CARABALLO, LEONIDAS R	
STREET ADDRESS	955 SW 2ND AVE, STE 804	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VTB	<input type="checkbox"/> Delete
NAME	CARABALLO, LEONIDAS R	
STREET ADDRESS	955 SW 2ND AVE, STE 804	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/18/01

Date

Daytime Phone #

CR2E034 (10/00)