

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071387

1. Entity Name
FEDERAL GUARANTY MORTGAGE CO.



Principal Place of Business
3400 LAKESIDE DR.
SUITE 103
MIRAMAR, FL 33027 US

Mailing Address
3400 LAKESIDE DR.
SUITE 103
MIRAMAR, FL 33027 US

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
59-3200377

Applied For
Not Applicable

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

GARICA, FRANK
12880 CYPRESS RD.
MIAMI, FL 33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$560.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPS
GARCIA, FRANK
12880 CYPRESS RD.
MIAMI, FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
Frank Garcia
12880 Cypress Rd.
Miami, FL 33181 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Y
Nancy Colon
3400 LAKESIDE DR STE. 103
MIRAMAR, FL 33027 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LIZA Garcia
12880 Cypress Rd.
Miami, FL 33181 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

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

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 Block 11 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

5/15/03 954-894-0000

Date

Daytime Phone #

FILED

03 MAY 23 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FL
Amended 5/15/03
500020289135
05/30/03--01056--019 **81.25



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (1/0/02)