(66/6)
CR2E034

2000 UNIFORM BUSINESS REPORT (UBR) Amended DOCUMENT #P930000 18362 FILED WASHINGTON MORTGAGE COMPANY 00 SEP 25 AM II: 20 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA P.O.Box 3001 Ponce De Leon Blvd. 14-3221 Coral Gables Fl. 33134 Coral Gables, Fl. 33114-3221 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable 65-0446839 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGIEZ, NIVALDO J. RODRIGUEZ, ANGELA Z. Street Address (P.O. Box Number is Not Acceptable) 410 Navarre Avenue 410 Navarre Avenue Coral Gables, Fl. 33134 ໃນຫຼື Sa ໂມງ Corral Gables 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. Angela Z. Rodriguez Exec. Vice President FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY-1, 2000: Foe will be \$550.00----Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ▼☐ Addition President. TITLE TITLE Delete President Rodriguez, Nivaldo J. NAME Rodriquez, Angela Z. STREET ADDRESS 410 Navarre Avenue STREET ADDRESS 410 Navarre Avenue CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Fl. 33134 Coral Cables Fl. 33134 - 🔲 Addition ☐ Delete Change Executive Vice President TITLE NAME Rodriguez, Angela Z. STREET ADDRESS STREET ADDRESS 410 Navarre Avenue CITY-ST-ZIP CITY-ST-7IP Coral Cables, Fl. 33134 Addition Delete ☐ Change TITI F TITLE NAME 600--006 STREET ADDRESS STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*61.25 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Deletè TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Nivaldo J. Rodriguez, President / Angela Z. Rodriguez Exec. Vice President SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR