2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90064 022 ***150.00

DOCUMENT # P94000029648

1. Entity Name
SUNWEST MORTGAGE & INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
PO BOX 830183		PO BOX 830183	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FLORIDA		City & State: MIAMI FLORIDA	
Zip: 33283	Country: MIAMI DADE	Zip: 33283	Country: MIAMI DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0502740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. NAME AND ADDRESS OF CURRENT REGISTERED AGENT:
ECHEVARRIA, ALDO
779 SW 3 ST.
MIAMI FLORIDA 33130

7. **Name and Address of Current Registered Agent**
Name: ECHEVARRIA ALDO
Street Address (P.O. Box Number Is Not Acceptable): 779 SW 3 ST.
City: MIAMI FLORIDA 33130 FL Zip Code: 33130

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] 1/31/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR Is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	1 DE CASTRO, OSCAR ☒ DELETE 8150 SW 8 ST. #203 MIAMI FL. 33144	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ECHEVARRIA, ALDO 779 SW 3 ST MIAMI FL 33130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/31/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #