

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

02-03-2003 90130 005 ***150.00
08-18-2003 90163 018 ***550.00

DOCUMENT # P94000061067

1. Entity Name

FIRST DADE MORTGAGE CORPORATION



Principal Place of Business

**9370 SUNSET DR., #A-110
MIAMI FL 33173**

Mailing Address

**9370 SUNSET DR., #A-110
MIAMI FL 33173**

2. Principal Place of Business

9370 SUNSET DR.

3. Mailing Address

9370 SUNSET DR.

Suite, Apt. #, etc.

A-110

Suite, Apt. #, etc.

A-110

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0514123

Applied For

Not Applicable

Zip

33173

Country

DADE

Zip

33173

Country

DADE

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FERNANDEZ, MARIE I
2142 S.W. 98TH PL
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

MARIE I FERNANDEZ N/A

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

N/A

City

N/A

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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

TITLE **VS** ☐ Delete
NAME **FERNANDEZ, JORGE M**
STREET ADDRESS **9370 SUNSET DR., #A-110**
CITY-ST-ZIP **MIAMI FL 33173**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P** ☐ Delete
NAME **FERNANDEZ, MARIE I**
STREET ADDRESS **9370 SUNSET DR., #A-110**
CITY-ST-ZIP **MIAMI FL 33173**

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03

305-598-3333

Date

Daytime Phone #

CR2E034 (4/03)