Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90029 040 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

וטטטטו	VIEW # P94000	JU79043		
1. Corporation	n Name			
UNIVEST	MORTGAGE CORPORAT	IUN		( 1881) \$ 100 (\$110 (\$110 (\$110) \$ \$110 (\$110 (\$110) \$ \$110 (\$110 (\$110) \$ \$110 (\$110)
Principal Place	e of Business	Mailing Address		t tablitate tim imit atter dater dater dater anter conta contra anter acted time sant.
11050 SW 88TH	T2 i	11050 SW 88TH ST		
SUITE 108 SUITE 108				
MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				10/27/1994 4. FEI Number Applied For
<u> </u>	lace of Business	2a. Mailing Address	سيرا	T
21 2/	41116	Suite, Apt. #, etc.	<u> </u>	65-0530046   Not Applicable   \$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired Fee Required
City & Stat	Δ	City & State		6. Election Campaign Financing \$5.00 May Be
23	G.	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax. Yes No
24	9. Name and Address of Curr		1001	10. Name and Address of New Registered Agent
			81 Nan	ne ,
MĒJI	A, CAROL		82 Stre	et Address (P.O. Box Number is Not Acceptable)
16602 SW 78 COURT			02 Stre	et Address (P.O. Box Namber is Not Acceptable)
MIAMI FL 33157			83	
			24 87	85 Zip Code
			84 City	FL ("I '
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the above-nam	ed corporation submits this statement for the purpose of changing its registered or
office or r	egistered agent or both, in the Sta	fe of Florida. Such change was a	authorized by the co orida Statutes.	orporation's board of directors. I hereby accept the appointment as registered
1			onda otali-i	1-5-49
SIGNATURE	Signature, typed or printed name of registered a	agent artifitie if applicable. (NOTI	E: Registered Agent signate	ure required when reinstating) DATE
12.		AND <b>6</b> IRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE	HUSINGT Change Addition
NAME	MEJIA, CAROL		1.2 NAME	CAROY MESTA
STREET ADDRESS	16602 SW 78 COURT		1.3 STREET ADDRE	ss Circor Mes
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	
TITLE		☐ DELET€	2.1 TITLE	Change Addition
NAME			2.2 NAME	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			2.3 STREET ADDRE	ss
CITY-ST-ZIP	<u></u>		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRE	SSS Control of the co
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	iss ·
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	5.1 ΠΤŁΕ	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	250
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE		☐ DELETE		· Crionge — Hadidon
I NAME	i		6.2 NAME	1

CITY-ST-ZIP 14. 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 annual report or suppliemental annual report is fire and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS