

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055826

1. Entity Name

UNION ONE MORTGAGE CORPORATION

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90030 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10250 SW 56TH STREET  
#A102  
MIAMI FL 33165  
US

10250 SW 56TH STREET  
A-102  
MIAMI FL 33165-7064

2. Principal Place of Business

9220 SW 72nd. St.

3. Mailing Address

9220 SW 72nd. St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 104

Ste. 104

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

33173

Zip

Country

33173

4. FEI Number

65-0595778

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

MIJARES, OVIDIO  
4200 SW 149TH CT  
MIAMI FL 33185

Name

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

11210 SW 132nd. Ct.

City

Miami

FL

Zip Code  
33186

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, 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) ☐

~~FILE NOW!!! FEE IS \$150.00~~

After MAY 1, 2000 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MIJARES, OVIDIO  
STREET ADDRESS 4200 S.W. 149TH COURT  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 11210 SW 132nd. Ct.  
CITY-ST-ZIP Miami, FL 33186

TITLE S ☐ Delete  
NAME MIJARES, OVIDIO S  
STREET ADDRESS 10680 SW 60TH STREET  
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-00

293 5442