2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State DOCUMENT # P95000067201 1. Entity Name SOUTH ATLANTIC MORTGAGE CORPORATION 02-20-2002 90049 005 ***150.00 Principal Place of Business A.E.T 1 Mailing Address 1150 N.W. 72nd AVENUE PH. MIAMI, FL 33126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0608652 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REYES, RAFAEL M. A.E.T 1 Street Address (P.O. Box Number is Not Acceptable) 1150 N.W. 72nd AVENUE, PH MIAMI, FL 33126 المحادث المستد ومستد 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete DANS, MARILYN R NAME NAME STREET ADDRESS STREET ADDRESS 4201 COLLINS AVE. PAPT 902 CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33140 ☐ Change ☐ Addition ☐ Delete TITLE NAME REYES, RAFAEL M. NAME STREET ADDRESS STREET ADDRESS 7300 SW 117TH TERR CITY-ST-ZIP CITY-ST-7(P **MIAMI FL 33156** \square Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

CR2E034 (9/01)

DOCUMENT # P95000067201 Attachments 1. Entity Name SOUTH ATLANTIC MORTGAGE CORPORATION A.E.T 1 Mailing Address Principal Place of Business 1150 N.W. 72nd AVENUE. PH MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ™Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0608652 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name A.E.T 1 REYES, RAFAEL M. Street Address (P.O. Box Number is Not Acceptable) 1150 N.W. 72nd-AVENUE, PH MIAMI, FL 33126 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. After May;1, 20023Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE TITLE NAME DANS, MARILYN R NAME STREET ADDRESS STREET ADDRESS 4201 COLLINS AVE. APT 902 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33140 Addition Change ☐ Delete THLE TITLE **VP** NAME REYES, RAFAEL M. NAME STIEET ADDRESS STREET ADDRESS 7300 SW 117TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

,-38-02 (305)513-055

☐ Additio

☐ Additio

Change

☐ Change

☐ Delete

Delete

200	2 UNI	FORM BUS	DINESS REF	J. (J. (J.)	<u>! ;</u>		
 Entity Nar 		# P950 MORTGAGE CO	00067201 DRPORATION	offach ments			
Principal Place of Business 1414 NW 107TH AVE STE # 401 MIAM, FL 33172 2. Principal Place of Business		Mailing Address 1414 NW 107TH AVE STE # 401 MIAMI FL 33172		Affach ments			
		3. Mailing Address		I (BEI186) 148 (BIBL BISH BEIN BEIN BEN) GENS ENIT (BODS LIEN BEIGT NOT 1841.			
Suite. Apt. #, etc.		Suite. Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Sta	de		City & State		4. FEI Humber 65-0608652 Applied Fo		
Zig: Country		Country	. Zip	Country	5. Certificate of Status Desired S8.75 Adultional Fee Regulated		
	6. Name and Address of Current		nt Registered Agent	Name	7. Name and Address of New Registered Agent		
REYES, RAFAEL M.			د از این در احمر به اینه بعد -	Street Addres	ess (P.O. Box Number is Not Acceptable)		
1414 NW STE 401	107 AVE						
MIAMI FL 33172				City FL Zip Cucle			
GM4TURE	Signature typed	i or parion name of registered ago pible to satisfy its Intangib	ont and 119 if applicance (IAC	DTE. Registered Apost signature req	10. Election Campaign Financing \$5.00 May E		
GMATURE This corp Tay tiling (See crite	Signature typed	torpuren name of ingistered age gible to satisfy its Intangib and elects to do so.	ort and 119 d applicable (FILE NOW After May 1, 2 Make Check Pays	OTE. Registered Agent signature red VIII FEE IS \$150.00 % 002 Fee will be \$550.0 able to Department of 1	10. Election Campaign Financing \$5.00 May E Trust Fund Contribution.		
GMATURE This corp Las tiling	oration is eligrequirement and back) P DANS, M 5820 SW	or parentaine of registered age pible to satisfy its Intangible and elects to do so. OFFICERS AN ARILYN R 45 TERRACE	ont and the it applicable (IJC) FILE NOW After May 1, 2	ote. Registered Apont signature req /!!! FEE IS \$150.00 ⊋ 002 Fee Will be \$550.0	10. Election Campaign Financing \$5.00 May Equal to Food		
IGMATURE This corp Last tiling (5550 cmid 1. ICF ME REEL *GORESS	oration is eligroquirement in a on back) P DANS, M 5820 SW MIAMI FL VP REYES, R	or pareen name of repistered age pible to satisfy its Intangib and elects to do so. OFFICERS AN ARILYN R 45 TERRACE 33155 AFAEL M. 117TH TERR	ont and 119 if applicable FILE NOW After May 1, 2 Make Check Pays D DIRECTORS	ITE. Registrated Apoint signature requirements of \$150.00 % The Will be \$550.00 % The Wi	10. Election Campaign Financing \$5.00 May E State 3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
IGNATURE This corp The filing (See order I. ICE MAE REEL ADDRESS IY-SI-ZIP ILE IJE IJE IJE IJE IJE IJE IJE IJE IJE IJ	P DANS, MA 5820 SW MIAMI FL VP REYES, R 7300 SW	or pareen name of repistered age pible to satisfy its Intangib and elects to do so. OFFICERS AN ARILYN R 45 TERRACE 33155 AFAEL M. 117TH TERR	ont and 119 if applicable (140 ple in the property of the prop	DIE. Regissered Agent signature red //!!! FEE IS \$150.00 % 002 Fee will, be \$550.0 ble to Department of \$ 12. IIII. NAME STREET ADDRESS STREET ADDRESS	10. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Add At to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
IGNATURE This corp Tay filing (500 onto 1. OF ME REEL ADDRESS TY-SI-JIP LE	P DANS, MA 5820 SW MIAMI FL VP REYES, R 7300 SW	or pareen name of repistered age pible to satisfy its Intangib and elects to do so. OFFICERS AN ARILYN R 45 TERRACE 33155 AFAEL M. 117TH TERR	After May 1, 2 Make Check Paye D DIRECTORS Delete	PIE. Regissered Agent signature red //!!! FEE IS \$150.00 3 002 Fee will be \$550.0 able to Department of: 12. IIII. NAME STREEL ADDRESS CITY - ST - ZIP IIIL NAME STREEL ADDRESS CITY - ST - ZIP IIIL STREEL ADDRESS CITY - ST - ZIP IIIL STREEL ADDRESS CITY - ST - ZIP IIILE IIAMI STREEL ADDRESS	10. Election Campaign Financing S5.00 May E Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
IGNATURE This corp The filling (500 colle L LE LE LE LE LE LE LE LE LE	P DANS, MA 5820 SW MIAMI FL VP REYES, R 7300 SW	or pareen name of repistered age pible to satisfy its Intangib and elects to do so. OFFICERS AN ARILYN R 45 TERRACE 33155 AFAEL M. 117TH TERR	After May 1, 2 Make Check Paye D DIRECTORS Delete	OTE. Registered Agent signature red //!!! FEE IS \$150.00 ** //!!! NAME //!!! STREE! ADDRESS //!! CITY-ST-ZIP //!!!! ITLE //!!!! ITLE //!!!! ITLE //!!!! ITLE //!!!! ITLE //!!!!! ITLE //!!!!!! ITLE //!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	DOUBLE Trust Fund Contribution. S5.00 May E Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Add Add Change Add		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nam	MENT # P9500 ATLANTIC MORTGAGE COP	00067201 RPORATION				
Principal Plac	e of Business A.E.T 1	Mailing Address				
·	1450 N.W. 721					•
		FL 33126	•			
2. Principal Place of Business		3. Mailing Address		- I IBBUILDE SIU UNU BUKI USIKI USIKI USIKI BUKI	IL BENLE BOUNT LEBNE NACH I	AND 1188 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	e	City & State		4. FEI Number 65-0608652		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	38.75 Add	itional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regis	Fee Required	<u> </u>
	o. Harrio and Address of Current	gierorea Agent	Name	11 Hame and Addiess of Heat Hayss		
REYES, R	AFAEL M. A.E.T 1	Street Addre		ss (P.O. Box Number is Not Acceptable)		
	N.W. 72nd AVENUE, FL 33126	, PH	ļ	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	i, in 22/20	المستاد والمالي المرادي				
			City		FL Zip Code	<i>t</i>
SIGNATURE	Signature, typed or printed name of registered agent		TE: Registered Agent signature requ	* N. 1000 (477 x 200	DATE	<u>.</u>
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. □	After May 1, 20	III FEE IS \$150.00 c 002 Fee will be \$550.0 ble to Department of \$	Trust Fund Contribution		May Be to Fees
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICER	·	
TITLE NAME	P DANS, MARILYN R	☐ Delete	TITLE NAME		☐ Change	☐ Addition
STREET ADDRESS	4201 COLLINS AVE.	APT 902	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33140		CITY-ST-ZIP			FT ad pro-
TITLE NAME	VP REYES, RAFAEL M.	☐ Delete	TITLE NAME	T.	☐ Change	Addition Addition
STREET ADDRESS	7300 SW 117TH TERR		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		_ 	
TITLE NAME		Delete	TITLE NAME		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			•
CITY-ST-ZIP			CITY-ST-ZIP			
NAME		Delete	TITLE	المارية المستعدد العاملين المارية المستعددة المستعدد ال	☐ Change	Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME		☐ Delete	TITLE NAME	•	Change	Addition Addition
STREET ADDRESS			STREET ADDRESS		-	
CITY-ST-ZIP	<u> </u>	 	CITY-ST-ZIP	<u> </u>		
TITLE		☐ Delete	TITLE NAME	•	☐ Change	Addition
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
indicated of the cor	on this report or supplemental report is	s true and accurate and that owered to execute this repor	my signature shali have t t as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I furt he same legal effect as if made under oath; 607, Florida Statutes; and that my name ap	that I am an officer pears in Block 11 or	or director Block 12 if
SIGNAT	URE:	The company of	a water the	,-38-02 (305)513-0	553
JIGHAI	SIGNATURE AND TYPED UH	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daylime Phone #	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR