

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90221 013 ***150.00

DOCUMENT # P96000005505

1. Entity Name
DAELAND MORTGAGE, INC.

Principal Place of Business

7171 CORAL WAY
SUITE 303
MIAMI FL 33155

Mailing Address

7171 CORAL WAY
SUITE 303
MIAMI FL 33155

2. Principal Place of Business

7171 Coral way
Suite, Apt. #, etc.
Suite 500

City & State
MIAMI, FL

Zip
33155

Country
Dade

3. Mailing Address

7171 Coral Way
Suite, Apt. #, etc.
Suite 500

City & State
MIAMI, FL

Zip
33155

Country
Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0633191**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UBIETA, RAFAEL
8960 S.W. 87 COURT #11
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **Jorge R Benitez**

Street Address (P.O. Box Number is Not Acceptable)
1131 S.W. 104 Ct

City **MIAMI**

FL

Zip Code **33174-2670**

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 **Jorge R Benitez** **Jorge R Benitez**

4-26-02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **UBIETA, RAFAEL**
STREET ADDRESS **8960 S.W. 87 COURT #11**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ **Delete**
NAME **CISNEROS, ACELA**
STREET ADDRESS **8960 S.W. 87 COURT #11**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Acela Cisneros** **N-P**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0245296 AV

CR2E034 (9/01)