

2002 UNIFORM BUSINESS REPORT (UBR)

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

0245296 AV

DOCUMENT # P96000005505

1. Entity Name
DAELAND MORTGAGE, INC.

05-19-2002 90221 013 ***150.00



Principal Place of Business Mailing Address

7171 CORAL WAY **7171 CORAL WAY**
SUITE 303 **SUITE 303**
MIAMI FL 33155 **MIAMI FL 33155**

2. Principal Place of Business 3. Mailing Address

7171 Coral way *7171 Coral Way*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 500 *Suite 500*
 City & State City & State
MIAMI, FL *Miami, FL*
 Zip Country Zip Country
33155 *Dade* *33155* *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* DATE *4-26-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UBIETA, RAFAEL 8960 S.W. 87 COURT #11 MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CISNEROS, ACELA 8960 S.W. 87 COURT #11 MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *Acela Cisneros* DATE *4/26/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)