

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006578

1. Entity Name

FENDI MORTGAGE CORPORATION

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90100 013 \*\*\*150.00

Principal Place of Business

Mailing Address

2900 SW 107 AVE  
301  
MIAMI FL 33176  
US

11730 SW 94TH STREET  
MIAMI FL 33186-2132  
US

2. Principal Place of Business

8900 SW 107 Ave

3. Mailing Address

8900 SW 107 Ave

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

Miami FL

City & State

Miami, FL

Zip

33176

Country

US

Zip

33176

Country

US

4. FEI Number

65-0634809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DENYER-PULIGNANO, MONICA  
11730 S.W. 94TH ST.  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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

TITLE PS  
NAME DENYER, MONICA  
STREET ADDRESS 11730 S.W. 94TH ST.  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE TV  
NAME PULIGNANO, NUNZIO  
STREET ADDRESS 11730 S.W. 94TH ST.  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTV  
NAME Monica Denyer  
STREET ADDRESS 11730 SW 94 St  
CITY-ST-ZIP Miami, Florida 33186 ☐ Change ☒ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)