

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009447

1. Entity Name

EXPRESS MORTGAGE OF SOUTH FLORIDA, CORPORATION

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90042 016 \*\*\*150.00

Principal Place of Business

14358 SW 168 ST.  
MIAMI FL 33177  
US

Mailing Address

14358 SW 168 ST.  
MIAMI FL 33177-1798  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0638047

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, LAZARO J ESQ  
255 ALHAMBRA CIRCLE #380  
CORAL GABLES FL 33134

NEW ADDRESS ONLY →

7. Name and Address of New Registered Agent

Name

LAZARO LOPEZ, ESQ.

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

2101 LESEUNE RD

SECOND FLOOR

City

CORAL GABLES

FL

Zip Code

33134

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

LAZARO J. LOPEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/2000

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 ☐ Delete  
NAME PS-  
STREET ADDRESS DELGADO, CAROL I  
CITY-ST-ZIP 14358 SW 168TH ST  
MIAMI FL

TITLE ☐ Delete  
NAME VICE PRESIDENT  
STREET ADDRESS BOCHMAN, ANA E.  
CITY-ST-ZIP 14358 SW 168 ST  
MIAMI FL 33177

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

Carla Delgado

Date

4/14/00

Daytime Phone #

305 254 2842

CR2E034 (9/99)