

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000038972**

1. Entity Name

EXECUTIVE MORTGAGE OF AMERICA, CORP.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90269 008 ***150.00

Principal Place of Business 4711 NW 79TH AVE SUITE #20T MIAMI FL 33166 US	Mailing Address 4711 NW 79TH AVE SUITE #20T MIAMI FL 33166 US
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2. Principal Place of Business 6801 NW 77 Ave	3. Mailing Address 6801 NW 77 AVE
Suite, Apt. #, etc. Suite 206.	Suite, Apt. #, etc. Suite 206

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166	Zip 33166
Country MIAMI-DADE	Country MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0665054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NIETO, WALTER A 1248 N.W. 98TH TERRACE PEMBROKE PINES FL 33024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12505 SW 9 PL City DAVIE FL Zip Code 33325
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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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIETO, WALTER A 1248 N.W. 98TH TERR. PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 12505 SW 9 PL DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EGUEZ, CARLOS A 5600 N.W. 183 ST. MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 4850 SW 128 Ave Fort Lauderdale, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01
Date**(305) 513-0109**
Daytime Phone #

CR2E034 (10/00)