

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90112 043 ***150.00

DOCUMENT # P96000038972

1. Entity Name
EXECUTIVE MORTGAGE OF AMERICA, CORP.



Principal Place of Business

**6801 NW 77 AVE.
SUITE 206
MIAMI FL 33166
US**

Mailing Address

**6801 NW 77 AVE.
SUITE 206
MIAMI FL 33166
US**

2. Principal Place of Business

7600 W. 20 Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 224

City & State

Hialeah, FL.

Zip

33016

Country

Hialeah, FL.

Zip

33016

Country

US

4. FEI Number

65-0665054

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NIETO, WALTER A
12505 SW 9 PLACE
DAVIE FL 33325**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NIETO, WALTER A**
STREET ADDRESS **12505 SW 9 PLACE**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **VPD** ☒ Delete
NAME **EGUEZ, CARLOS A**
STREET ADDRESS **4850 SW 128 AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

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

11. 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
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 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

01/27/2003

Date

(305) 513-0109

Daytime Phone #

CR2E034 (10/02)