

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040645

1. Entity Name

THE MORTGAGE BANK, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90105 037 ***550.00

Principal Place of Business

3907 SW LUDLAM RD
MIAMI FL 33155

Mailing Address

3907 SW LUDLAM RD
MIAMI FL 33155

2. Principal Place of Business

15291 NW 60 AVE

3. Mailing Address

P.O. Box 1715

(Suite) Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

MIAMI LAKES, FL

City & State

CORAL GABLES,

Zip

33014

Country

DADE

Zip

33134

Country

DADE

4. FEI Number

65-0692230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAKOFF, NELCIDA
3907 SW LUDLAM RD
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

NELCIDA CHAKOFF

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

3807 GRANADA BLVD

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME CHAKOFF, NELCIDA
STREET ADDRESS 3807 GRANADA BLVD
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE V
NAME BALES, MATT JR
STREET ADDRESS 3807 GRANADA BLVD
CITY-ST-ZIP CORAL GABLES FL ☐ 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
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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)