

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046339

1. Entity Name

BANKUNITED MORTGAGE CORPORATION

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90010 047 ***150.00

Principal Place of Business

Mailing Address

255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134-7411

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

65-0687315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHTON, NANCY
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Name

DIAZ, ROBERTO

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

7815 NW 143 TH ST

City

MIAMI LAKES

FL

Zip Code

33016

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

4/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DC	CAMNER, ALFRED	255 ALHAMBRA CIR	CORAL GABLES FL	<input type="checkbox"/>
DP	FORD, EARLINE G	255 ALHAMBRA CIR	CORAL GABLES FL	<input checked="" type="checkbox"/>
EV	GHOMESHI, MEHDI	255 ALHAMBRA CIR	CORAL GABLES FL	<input type="checkbox"/>
SVAS	ASHTON, NANCY	255 ALHAMBRA CIR	CORAL GABLES FL	<input checked="" type="checkbox"/>
SVP	BARRERA, LISA	255 ALHAMBRA CIR	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
EP	GHOMESHI, MEHDI	255 ALHAMBRA CIR	CORAL GABLES, FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 #

4/25/00

CR2E034 (9/99)