2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P96000073587** Jul 20, 2000 8:00 am Secretary of State 1. Entity Name MORTGAGE ONE USA, INC. 07-20-2000 90026 018 ***150.00 Principal Place of Business Mailing Address 4620 N SR 7 #140 4620 N SR 7 #110 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FE 33319 3. Mailing Address 767 S.S.M. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0692084 Not Applicable \$8.75 Additional BROW ARY 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MITCHENER, ALVIN Street Address (P.O. Box Number is Not Acceptable) 4620 SR 7 SUITE-110-LAUDERDALE LAKES FL 33319 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F TITLE Change | Addition ☐ Delete NAME MITCHENER, ALVIN NAME STREET ADDRESS STREET ADDRESS 46-20 N SR-7-GUITE-118 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL-333 Addition TITLE ☐ Change TITLE WALLACE, VERONICA NAME NAME STREET ADDRESS STREET ADDRESS 4620 N SR 7 SUITE 110 CITY-ST-7IP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 MG HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:





July 14, 2000-

To Whom It May Concern Florida Department of State Division of Corporation P.O. Box 1500 Tallahassee, FL 32302-150

Dear Sir/Madam,

I just received my business report renewal today for the first time this year. On my report it says "Second Notice". Please note that I never got the first notice. I had called a couple weeks back prior to receiving this notice, and was informed that they would be mailing them out at a later date.

If you check my record you will see that I have always filed on time, and should not be penalized for this as I did not received a first notice. I have enclosed my check for \$150.00. If there is a problem, please give me a call at (954) 978-8282. Thanks in advance for your co-operation in this matter.

Sincerely,

Alvin Mitchener

President / Principal Mtg. Broker

AM/clcs Encls.