

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083099

1. Entity Name

FINANCIAL FIRST MORTGAGE CORPORATION

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90053 003 ***158.75

Principal Place of Business

Mailing Address

~~11645 BISCAYNE BLVD., SUITE 300~~
~~NORTH MIAMI FL 33181~~

~~11645 BISCAYNE BLVD., SUITE 300~~
~~NORTH MIAMI FL 33181~~

2. Principal Place of Business

3. Mailing Address

5979 NW 151 ST

5979 NW 151 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 240

Suite 240

City & State

City & State

Miami Lakes, FL

Miami Lakes, FL

Zip

Country

Zip

Country

33014

U.S.A.

33014

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL MAZO, ALEXANDER

~~11645 BISCAYNE BLVD., SUITE 300~~
~~NORTH MIAMI FL 33181~~

Name

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

5979 NW 151 ST

Suite 240

City

Miami Lakes

FL

Zip Code

33014

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

Alexander Del Mazo Alexander Del Mazo President

2/10/00

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, 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 V ☐ Delete
NAME CARDIN, ISIDRO
STREET ADDRESS ~~11645 BISCAYNE BLVD., SUITE 300~~
CITY-ST-ZIP ~~NORTH MIAMI FL~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5979 NW 151 ST Suite 240
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE P ☐ Delete
NAME DEL MAZO, ALEXANDER
STREET ADDRESS ~~11645 BISCAYNE BLVD., SUITE 300~~
CITY-ST-ZIP ~~NORTH MIAMI FL~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5979 NW 151 ST Suite 240
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Alexander Del Mazo Alexander Del Mazo President 2/10/00 (305) 558-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #