2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000003062** Mar 01, 2000 8:00 am Secretary of State ACCORD MORTGAGE LENDERS CORP. 03-01-2000 90051 019 ***150.00 Mailing Address Principal Place of Business 9835 SUNSET DRIVE STE 264 206 9835 SUNSET DRIVE STE 284 MIAMI FL 33173 MIAMI FL 33173-4647 **NUNDINUU** 3. Mailing Address 2. Principal Place of Business 9835 S.W. Sunsel Dr SUNSET DO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0718813 Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAME WASERSTEIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 913 NORMANDY DRIVE MIAMI BEACH FL 33141 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, typed or printed n registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MÅY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD ☐ Delete TITLE Change ☐ Addition TITLE DOUER, ISAAC R NAME NAME STREET ADDRESS STREET ADDRESS 9835 S.W. 72ND ST., SUITE 206 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 VSD ☐ Change Addition ☐ Delete TITLE NAME AZAR, ELIAS STREET ADDRESS STREET ADDRESS 9835 S.W. 72ND ST., SUITE 206 CHY-ST-ZIP-CITY-ST-ZIP MIAMI FL-33173-Change ☐ Addition ☐ Delete TITLE DOUER, FERNANDO NAME NAME 9835 S.W. 72ND STREET, SUITE 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR