

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012698

1. Entity Name

G.M.C. MORTGAGE, CORP.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90078 012 ***150.00

Principal Place of Business

Mailing Address

8603 S. DIXIE HWY
#303
MIAMI FL 33143

165 W. 37 ST.
HIALEAH FL 33012-5238

2. Principal Place of Business

3. Mailing Address

165 W. 37 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH FL.

Zip
33012

Country
USA

Zip

Country

4. FEI Number

65-0727991

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

TORRES, GUIDO
14875 N.W. 77TH AVENUE
SUITE 206
MIAMI FL 33014

Name
TORRES, GUIDO
Street Address (P.O. Box Number is Not Acceptable)

165 W. 37 ST.

City
HIALEAH

FL

Zip Code
33012

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)

X 3/9/00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TORRES, GUIDO
14875 N.W. 77TH AVENUE
MIAMI FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
TORRES, GUIDO
165 W. 37 ST.
HIALEAH, FL. 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:  GUIDO TORRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/9/00
Date Daytime Phone #

CR2E034 (9/99)