

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000020137**1. Entity Name  
REED MORTGAGE, INC.

## Principal Place of Business

2450 N.E. MIAMI GARDENS DR.  
STE. 100  
NORTH MIAMI BEACH  
33180 FL

## Mailing Address

2450 N.E. MIAMI GARDENS DR.  
STE. 100  
NORTH MIAMI BEACH  
33180 FL2. Principal Place of Business  
175 FONTAINEBLEAU BLVD.3. Mailing Address  
175 FONTAINEBLEAU BLVD.Suite, Apt. #, etc.  
STE. 2-ASuite, Apt. #, etc.  
STE. 2-ACity & State  
MIAMI FLCity & State  
MIAMI FLZip Country  
33172Zip Country  
331724. FEI Number  
**65-0729940**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SUPRASKI LOUIS AESQ.  
2450 N.E. MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH  
33180 FL

## 7. Name and Address of New Registered Agent

Name  
MONTANER RAUL AESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
175 FONTAINEBLEAU BLVD.  
SUITE 2-A  
City  
MIAMI FL Zip Code  
33172

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 **RAUL A. MONTANER****04/28/2001**

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, 2001 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

|                |                                       |  |
|----------------|---------------------------------------|--|
| TITLE          | VPST                                  | <input checked="" type="checkbox"/> Delete |
| NAME           | TRUJILLO MARNIA                       |  |
| STREET ADDRESS | 2450 N.E. MIAMI GARDENS DR., STE. 100 |  |
| CITY-ST-ZIP    | NORTH MIAMI BEACH FL 33180            |  |
| TITLE          | P                                     | <input type="checkbox"/> Delete            |
| NAME           | REED IRENE                            |  |
| STREET ADDRESS | 2450 N.E. MIAMI GARDENS DR., STE. 100 |  |
| CITY-ST-ZIP    | NORTH MIAMI BEACH FL 33180            |  |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          | PST                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | REED IRENE                        |  |
| STREET ADDRESS | 175 FONTAINEBLEAU BLVD. SUITE 2-A |  |
| CITY-ST-ZIP    | MIAMI FL 33172                    |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Irene Reed**

P

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)