

P 97000031043

BANKING MORTGAGE CORPORATION

FIRM FINANCING & SUPERIOR SERVICE
A Correspondent Mortgage Lender
343 Alcazar Avenue
Coral Gables, Florida 33134

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **200002236572-- 5**
-09/18/97- 01025--008
2. _____ (Corporation Name) _____ (Document #) *******35.00 *****35.00**
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Refund Res
REG
10/1/97*

*o/d Res
REG
9/24*

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 24, 1997

BANKING MORTGAGE CORPORATION
343 ALCAZAR AVENUE
CORAL GABLES, FL 33134

SUBJECT: INTERNATIONAL CONSULTING ASSOCIATES, P.A.
Ref. Number: P97000031043

We have received your document for INTERNATIONAL CONSULTING ASSOCIATES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on September 22, 1997.

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 397A00047240

RECEIVED
17 SEP 30 AM 8:25
DIVISION OF CORPORATIONS

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>BANKING MORTGAGE CORPORATION</u>	EIN or SS#: <u>591-22-4760</u>
Address: <u>343 ALCAZAR AVENUE</u>	
<u>CORAL GABLES, FL 33134</u>	
Amount: <u>\$35.00</u>	Date Paid: <u>9/16/97</u>
Reason for Claim: <u>WITHDRAWAL OF OFFICER/DIRECTOR FOR INTERNATIONAL CONSULTING</u>	
<u>ASSOCIATES, P.A., #P97000031043. DOCUMENT WAS ALREADY FILED.</u>	
Certified true and correct this <u>29</u> day of <u>September</u> , 19 <u>97</u> .	
XXX Signature <u><i>Alberto M. Gibson</i></u>	
* Must be completed if authority is other than Section 215.26, Florida Statutes. K. GIBSON	

Do Not Write in This Box - For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$ <u>35.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>01025 008</u> dated <u>09/18/97</u>	
NAME OF ACCOUNT: <u>45202130001453000000000010000</u>	
Statutory Authority for Collection: <u>607.0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>45202130001453000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Agency Signature and Title)