

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050969

1. Entity Name
UNIVERSAL MARKET MORTGAGE, INC.

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

09-14-2000 90006 021 ***558.75

Principal Place of Business

801 MADRID ST., STE. 3
CORAL GABLES FL 33014

Mailing Address

801 MADRID ST., STE. 3
CORAL GABLES FL 33014

2. Principal Place of Business

1840 WEST 49 ST

3. Mailing Address

1840 WEST 49 ST

Suite, Apt. #, etc.

220-5

Suite, Apt. #, etc.

220-5

City & State

HIALEAH, FL.

City & State

HIALEAH, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0759681

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOSA, NOEL
1340 W. 41 ST., APT. 106
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSDM
SOSA, NOEL
1340 W. 41 ST., APT. 106
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SOSA, NOEL
1340 W. 41 ST., APT. 106
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PILOTO, KATTY
12035 S.W. 18 ST., APT. #7
MIAMI FL 33175 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE: *NOEL SOSA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/00

Date

(305) 817-9585

Daytime Phone #

CR2E034 (5/00)