

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000050969**1. Entity Name  
UNIVERSAL MARKET MORTGAGE, INC.

## Principal Place of Business

1840 WEST 49TH STREET  
220-5  
HIALEAH FL  
33012

## Mailing Address

1840 WEST 49TH STREET  
220-5  
HIALEAH FL  
33012

## 2. Principal Place of Business

5399 NW 36 ST

## 3. Mailing Address

5399 NW 36 ST

## Suite, Apt. #, etc.

1ST FLOOR REAR

## Suite, Apt. #, etc.

1ST FLOOR REAR

## City &amp; State

MIAMI SPRINGS FL

## City &amp; State

MIAMI SPRINGS FL

## 4. FEI Number

65-0759681

## Applied For

Not Applicable

## Zip

33166

## Country

US

## Zip

33166

## Country

US

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

## Name

SOSA NOEL

Street Address (P.O. Box Number is Not Acceptable)  
12401 W OKEECHOBEE RD.

LOT 421

City  
HIALEAH GARDENS FLZip Code  
33018

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 **NOEL SOSA****04/30/2001**

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	P	<input type="checkbox"/> Delete
NAME	SOSA NOEL	
STREET ADDRESS	1340 W. 41 ST., APT. 106	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TSDM	<input type="checkbox"/> Delete
NAME	SOSA NOEL	
STREET ADDRESS	1340 W. 41 ST., APT. 106	
CITY-ST-ZIP	HIALEAH FL 33012	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA NOEL	
STREET ADDRESS	12401 W OKEECHOBEE RD., LOT 421	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	TSDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA NOEL	
STREET ADDRESS	12401 W OKEECHOBEE RD., LOT 421	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
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: **NOEL SOSA**

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)