

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055255

1. Entity Name

SOUTH FLORIDA MORTGAGE LENDERS, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90017 013 ***150.00

0091934

Principal Place of Business

900 W 49 ST STE 318
HIALEAH FL 33012
US

Mailing Address

900 W 49 ST STE 318
HIALEAH FL 33012
US

919438



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE 505

Suite, Apt. #, etc.

STE 505

City & State

City & State

4. FEI Number 65-0761106

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEREZAS, LOURDES
16892 SW 7 ST
PEMBROKE PINES FL 33027

Name

FLEITAS, LOURDES

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

900 W 49th St Ste 505

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME FILITAS, LOURDES
STREET ADDRESS 16892 SW 7 ST
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE PTD ☒ Change ☐ Addition
NAME FLEITAS, LOURDES
STREET ADDRESS 900 W 49th St Ste 505
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOURDES PEREZ
PRESIDENT

Date

Daytime Phone #

CR2E034 (10/00)