

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90043 041 \*\*\*150.00

**DOCUMENT # P97000058646**

i. Entity Name

**SOUTHERN MORTGAGE RESOURCES, INC.**

**039100**

Principal Place of Business

Mailing Address

NW 53 ST.  
 FL 33166

7999 NW 53 ST.  
 MIAMI FL 33166-4603

Principal Place of Business

3. Mailing Address

Suite **SOUTHERN MORTGAGE RESOURCES, INC.**  
**7999 NW 53 STREET**  
**MIAMI, FLORIDA 33166**

Suite, Apt. **SOUTHERN MORTGAGE RESOURCES, INC.**  
**7999 N.W. 53 STREET**  
**MIAMI, FLORIDA 33166**

City & State **MIAMI, FLORIDA**

City & State **MIAMI, FLORIDA**

4. FEI Number

**65-0765428**

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

**BLANCO, NURY F**  
**7999 NW 53 ST.**  
**MIAMI FL 33166**

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

*Nury F. Blanco*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-19-00**

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BLANCO, NURY F	
STREET ADDRESS	7999 NW 53 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSSIN, NICK S	
STREET ADDRESS	7999 NW 53 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
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	EXECUTIVE V.P. / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCO, SAUL J.	
STREET ADDRESS	7999 N.W. 53 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
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:

*Nury F. Blanco*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-19-00 305-471-7816 Ext 24**

CR2E034 (9/99)