

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070780

1. Entity Name

TRANSATLANTIC MORTGAGE CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90150 001 ***150.00

Principal Place of Business 16969 NW 67 AVE STE 207 MIAMI FL 33015 US	Mailing Address 16969 NW 67 AVE STE 207 MIAMI FL 33015-4214 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 65-0775460	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, JOSE A
~~4322 FOXTAIL LN~~
~~WESTON FL 33331~~

Name Jose A. Ramirez
Street Address (P.O. Box Number is Not Acceptable) 2224 NW 157 Ave
City Pembroke Pines FL Zip Code 33028

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, JOSE A 4322 FOXTAIL LN WESTON FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jose A. Ramirez 2224 NW 157 Ave Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jose Ramirez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00
 Date

305-827-0181
 Daytime Phone #

CR2E034 (9/99)