

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080860

1. Entity Name

FLORIDA UNITED LENDING MORTGAGE COMPANY AND INVE

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90198 045 ***150.00

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE #711
MIAMI FL 33131

444 BRICKELL AVENUE #711
MIAMI FL 33131-2406

2. Principal Place of Business

3. Mailing Address

2101 Ponce De Leon Blvd
Suite, Apt. #, etc.

2101 Ponce De Leon Blvd.
Suite, Apt. #, etc.

City & State

Coral Gables, Fl. 33134

City & State

Coral Gables, Fl. 33134

Zip
33134

Country
USA

Zip
33134

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0781794

Applied For
Not Applicable

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

GENOVA, ELIZABETH
444 BRICKELL AVENUE #711
MIAMI FL 33131

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 \$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	PVST	<input type="checkbox"/> Delete
NAME	MARTINEZ, JULIO E JR	
STREET ADDRESS	444 BRICKELL AVENUE #711	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, JULIO E JR	
STREET ADDRESS	444 BRICKELL AVENUE #711	
CITY-ST-ZIP	MIAMI FL 33131	
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	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JULIO E JR	
STREET ADDRESS	2101 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00 (305) 648-1880

CR2E034 (9/99)