## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P97000080860

1. Entity Name FLORIDA UNITED LENDING MORTGAGE COMPANY AND INVESTMENTS, INC.



Principal Place of Business

Mailing Address

2101 PONCE DE LEON CORAL GABLES, FL 33134

2101 PONCE DE LEON CORAL GABLES, FL 33134

## **FILED** Jan 09, 2004 08:00 AM Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0781794

Applied For Not Applicable

305 648 1880

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

MARTINEZ, JULIO E JR

SIGNATURE:

## NOT WOITE

2101 PONCE DE LEON BLVD CORAL GABLES, FL 33134			IN THIS SPACE		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE Registered Agent eignature required when reinstating) DATE					
		<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	□ .	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PVST MARTINEZ, JULIO E JR 2181 PONSE DE LEON CORAL GABLES, FL 33134	TORS	800000001196 81/09/04-80032-013 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01703704-60032-013 130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
THTLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 of the receiver or fustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or any attachment with an address. With all pither like empowered.					