

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90209 021 ***150.00

00236872 AV

DOCUMENT # P97000081684

1. Entity Name
GUARANTEE MORTGAGE INC.



Principal Place of Business
6301 BISCAYNE BLVD
209
MIAMI FL 33138
US

Mailing Address
6301 BISCAYNE BLVD
209
MIAMI FL 33138
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

333 Arthur Godfrey Rd #400

Suite, Apt. #, etc.

333 Arthur Godfrey Rd #400

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0788047**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIGIL, MICHAEL EDMUND
9445 FOUNTAINEBLEAU BLVD #206
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

1540 MERIDIAN AVE #3A

City

MIAMI BEACH

FL

Zip Code

33139

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **VIGIL, MICHAEL EDMUND**
STREET ADDRESS **1540 MERIDIAN AVE., #3-A**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-03

305-579-0001

CR2E034 (10/02)