

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081709

1. Entity Name

SNL MORTGAGE, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90070 049 ***150.00

Principal Place of Business
16300 NORTHEAST 19TH AVENUE
SUITE 210
NORTH MIAMI BEACH FL 33162

Mailing Address
16300 NORTHEAST 19TH AVENUE
SUITE 210
NORTH MIAMI BEACH FL 33162

C0041902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16300 N.E. 19 AVE.

3. Mailing Address
16300 N.E. 19 AVE.

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

City & State
NORTH MIAMI BEACH

City & State
NORTH MIAMI BEACH

4. FEI Number 65-0783008

Applied For
Not Applicable

Zip
33162

Country
U.S.A.

Zip
33162

Country
U.S.A.

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2001 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

TITLE PD
NAME CALVO, NICOLETA F
STREET ADDRESS 700 NORTHEAST 178 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD
NAME CALVO, LUIS
STREET ADDRESS 700 NORTHEAST 178 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

(305) 948-9555

Daytime Phone #

CR2E034 (10/00)