

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT #

1. Entity Name

Wholesale Financial Mortgage Corporation
Corporation

03 OCT 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200023676942

10/10/03--01002--001 **150.00

2. Principal Place of Business

13701 N Kendall Dr

Suite, Apt. #, etc.

206

3. Mailing Address

13701 N Kendall Dr

Suite, Apt. #, etc.

206

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0797645

Applied For

Not Applicable

Zip

33186

Country

Zip

33186

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SORDO, Cesar R Esq

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

3191 Coral Way

3rd Flr

City

Miami

FL

Zip Code

33145

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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DP REYES, JORGE 18044 SW 143 PL MIAMI FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-3

Daytime Phone #

305-408-1110

CR2E034B (12/02)

Wholesale Financial Mortgage Corporation

FILED

Licensed Mortgage Brokerage Business 03 OCT 10 AM 10:29


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 8, 2003

Dear Friend,

As per our records the 2003 Uniform Business Report for annual corporate filing was never received by my office. It has come to my attention the second notice report was returned to Division of Corporations. Since UBR form was never received, the accounting department was unable to pay the annual report. A check for the \$150.00 will be overnight to your office immediately. We are requesting the late fee be waived.

Thank you for your understanding,


Jorge Reyes
President