

DOCUMENT # P97000106326

1. Entity Name
MIAMI MORTGAGE CENTER CORP.

Principal Place of Business
13430 SW 131 St. St.
MIAMI FL. 33186
US

Mailing Address
13430 SW 131st ST.
MIAMI FL. 33186
US

2. Principal Place of Business
8300 SW 8th St.
Suite, Apt. #, etc.
308

3. Mailing Address
8300 SW 8th St.
Suite, Apt. #, etc.
308

City & State
Miami, Fl.

City & State
Miami, Fl.

Zip Country
33144 E.U.A.

Zip Country
33144 E.U.A.

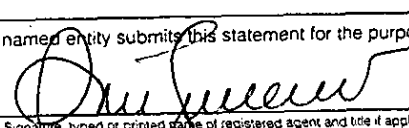
6. Name and Address of Current Registered Agent
SERRANO, IRIS
16570 SW 146th Court
Miami Fl. 33177

4. FEI Number
65-0800379

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
SERRANO, IRIS
Street Address (P.O. Box Number is Not Acceptable)
8300 SW 8th ST, Ste.308
City MIAMI FL Zip Code 33144

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  03/31/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SERRANO, IRIS 16570 SW 146th Court Miami Fl. 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SERRANO, IRIS 8300 SW 8th St. Ste. 308 Miami, Fl. 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  03/31/00 (305)267-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90051 002 ***150.00

DO NOT WRITE IN THIS SPACE