2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P98000002602 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

760 NW 107TH AVE.

MIAMI FL 33172

SUITE 300

LNR CAPITAL MORTGAGE HOLDINGS, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90128 025 ***150.00

11030976



☐ CHECK HERE IF MAKING CHANGES

le)

1601 Washington Ave., Suite 800 Miami Beach, FL 33139

1601 Washington Ave., Suite 800

4. FEI Number 65-0803512

Applied For Not Applicable

Miami Beach, FL 33139

Mailing Address

MIAMI FL 33172

3. Mailing Address

Suite, Apt. #, etc.

SUITE 300

760 NW 107TH AVE.

5. Certificate of Status Desired

1601 Washington Ave., Suite 800

1601 Washington Ave., Suite 800

Miami Beach, FL 33139

Miami Beach, FL 33139

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

RUBIN, SHELLY 760 NW 107TH AVE. SUITE 300 **MIAMI FL 33172**

1601 Washington Ave., Suite 800 Miami Beach, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

JORDAN, MARGARET

LIEBERMAN, ARTHUR J

MIAMI FL 33172

MIAMI FL 33172

760 NW 107 AVE., SUITE 300

760 NW 107 AVE., SUITE 300

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

Name

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Addition TITLE MILLER, LEONARD NAME NAME 700 NW 107TH AVE STE 400 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP CEO ☐ Delete ☐ Addition TITLE TITLE Change D SAIONTZ, STEVEN J NAME NAME 848 Brickell Avenue, #100 STREET ADDRESS 760 NW 107 AVE., SUITE 314 STREET ADDRESS MIAMI FL 33172 Miami, FL 33131 CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILLER, STUART A NAME NAME 700 NW 107 AVE., SUITE 400 STREET ADDRESS STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP CITY-ST-ZIP **Change** TITLE ☐ Delete TITLE Addition RUBIN, SHELLY L NAME NAME 1601 Washington Ave., Suite 800 760 NW 107 AVE., SUITE 300 STREET ADDRESS STREET ADDRESS Miami Beach, FL 33139 MIAMI FL 33172 CITY-ST-ZIP CITY-ST-7IP

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.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

REQUIJAribur J. Lieberman

Delete

☐ Delete

Change

☐ Addition

☐ Addition