

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90239 004 ***150.00

0232509

DOCUMENT # P98000004641

1. Entity Name
SPEEDY MORTGAGE, INC.

Principal Place of Business

551 WEST 51 PLACE
 #308
 HIALEAH FL 33012

Mailing Address

13428 SW 65 LANE
 MIAMI FL 33183

2. Principal Place of Business

150 SE 2ND AVE

3. Mailing Address

Suite, Apt. #, etc.

#1014

City & State

MIAMI FLORIDA

City & State

Zip

33131

Country

MIAMI DADE

Zip

Country

4. FEI Number **65-0804775**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EMILIANI, LAURINA
13428 SW 65 LANE
MIAMI FL 33183

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **EMILIANI, LAURINA**
 STREET ADDRESS **13428 SW 65 LANE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **CESAR G. HERNANDEZ**
 STREET ADDRESS **8400 SW 155 TER**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **V.P. TREASURER / SECRETARY** ☐ Change ☐ Addition
 NAME **LAURINA EMILIANI**
 STREET ADDRESS **13428 SW 65 LN**
 CITY-ST-ZIP **MIAMI, FL 33183**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)