

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90267 001 ***211.25

DOCUMENT # P98000004641

1. Entity Name
SPEEDY MORTGAGE, INC.

Principal Place of Business
150 SOUTHEAST 2ND AVENUE
1014
MIAMI FL 33131

Mailing Address
13428 SW 65 LANE
MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10661 N Kendall DRIVE

3. Mailing Address

Suite, Apt. #, etc.
#101

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State

4. FEI Number **65-0804775**

Applied For

Not Applicable

Zip **33174** Country **Miami-Dade**

Zip Country

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

EMILIANI, LAURINA
13428 SW 65 LANE
MIAMI FL 33183

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, 2002 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 **VPTS** ☐ Delete
NAME **EMILIANI, LAURINA**
STREET ADDRESS **13428 SW 65 LANE**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE **P** ☒ Delete
NAME **HERNANDEZ, CESAR G**
STREET ADDRESS **13428 SOUTHWEST 65TH LANE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **LAURINA EMILIANI** ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **13428 SW 65 LN**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **LAURINA EMILIANI** **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2002

Date

305-408-7048

Daytime Phone #

CP2E034 (9/01)