

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State
 03-13-2000 90044 048 ***150.00

DOCUMENT # P98000009952

1. Entity Name
SUNSHINE STATE MORTGAGE INVESTMENT CORPORATION

Principal Place of Business **Mailing Address**
 1460 NW 107 AVE 9800 SW 155 AVE
 #P MIAMI FL 33196
 FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 1460 NW 107 AVE 1460 NW 107 AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
 P P
 City & State City & State
 Miami Miami

Zip Country Zip Country
 33172 Dade 33172 Dade

4. FEI Number **65-0908159** **Applied For**
 Not Applicable

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

LLAGUNO, JORGE A
 9800 SW 155 AVE.
 MIAMI FL 33196

Name
 Street Address (P.O. Box Numbers Not Acceptable)
 1460 NW 107 AVE # P
 MIAMI
 City FL Zip Code 33172

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 *Jorge Llaguno* (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LLAGUNO, JORGE A	
STREET ADDRESS	9800 SW 155 AVE.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLAGUNO, LAZARA L	
STREET ADDRESS	9800 SW 155 AVE.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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 another like empowered.

SIGNATURE: *Jorge Llaguno* *3/5/2000* Date Daytime Phone #

CR2E034 (9/99)