## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 08, 2000 8:00 am Secretary of State P980000 11429 DOCUMENT # 1. Entity Name RELIABLE FINANCE MONTGAGE INC 06-08-2000 90445 016 \*\*\*150.00 Principal Place of Business Mailing Address 10980 BISCAYNE BLUD 10980 BISCAYNE BLUM MIAMI TE 33/61 FL 33161 MIAMI U0059620 2. Principal Place of Business 3. Mailing Address 10986 BISCAYNE BLVA 10980 BISCAYNE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FLORIDA MIAMI MIAM FLORIA 65-0642566 Not Applicable \$8.75 Additional 33161 5. Certificate of Status Desired 33161 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARDIZA BAC LARDIZABAL, MELDOY Street Address (P.O. Box Number is Not Acceptable) 30 NW 125 ST BIERROR NORTH MIAMI FL 33168 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee Will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE TITI F ☐ Addition ☐ Defete Change LARDIZABAL NAME MELODY NAME STREET ADDRESS 30 NW 125 ST STREET ADDRESS NORTH 33165 CITY-ST-7IP MIAMI FLORIBA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

Date

Daytime Phone #

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHachment

## **FILED** Apr 23, 1999 8:00 ar Secretary of State

04-23-1999 90273 045 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 2000 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#	P98000011429
1. Corporation Name	1 00000011-120

RELIABLE FINANCE MORTGAGE INC.

Principal	Place of	Business

Mailing Address



-14600-W-DOCE -ROTTH-MANN	R-5361 .	14653 W 600E 1487 1467774 MBART - PL 33161		DO NOT WRITE IN THIS SPACE 3. Outs incorporated or Qualified 02/04/1998			]
2. Principal P	iscs of Business 80 Biscayne blyd	28 Mailing Address	scayne Blod	4 FEI Number 65-06425		oplied For at Applicable	
Suite, Apt.		Suite, Apt. K, etc.	in him with a	5. Certificate of Status Desired	\$8.75	Additional **	7
2) Mia		20) Miami Fl		*6. Election Campaign Financing *** Trust Fund Contribution		May Bo to Fees	7-
型 331	Country USA	m 33161 [1	io U.SA	This corporation owes the current ye     Personal Property Tau.	rar Intengible [] Yes	□No	7
	9. Herné and Address of Current	Ragistared Agent		10. Name and Address of New Regist	ared Agent		]
30 N	Dizabal, Melody Ny 1258T Ny 1818 no 1818			LODY LARDIZATEAL screen (P.O. Box, Authorities to Non Accorptable) NW 125 ST			-
			84 City NO	th Miamu		Code 8	1
SIGNATURE	u sauma and faut socobs me confissio	ns or, Section 607,9505, Flond	, the above-named control of the compara horized by the compara is Statutes.	orporation submits this statement for the purpo- nilon's board of directors, I haveby accept the a	se of changing its uppointment as re	registered gistered	
	Bignature, typed in pulsed seems of regulational agent a		ethering yours discusses such		<u> </u>		1 8
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER			18
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CITY-ST-ZP	The Maria Maria Maria The Maria Maria Maria		MCIY-SI-2P				

I hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(f). Floride Statutes, I further cartify that the information indicated on this arrival report or supplemental arrotal report is true and accurate and that my algorithm what have the same legal effect as if made under own; that i am an office or of the accipantal nor the motiver or of sustain empered to execute this report as required by Chapter 607. Floride Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an stretchment with an address, with all other flow empowered.

305-952 5766

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