

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90445 016 \*\*\*150.00

DOCUMENT # P980000 11429

1. Entity Name

RELIABLE FINANCE MORTGAGE INC

Principal Place of Business

Mailing Address

10980 BISCAYNE BLVD  
 MIAMI FL 33161

10980 BISCAYNE BLVD  
 MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

10980 BISCAYNE BLVD

10980 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0642566

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARDIZABAL, MELODY  
 30 NW 125 ST  
 NORTH MIAMI FL 33168

7. Name and Address of New Registered Agent

Name MELODY LARDIZABAL  
 Street Address (P.O. Box Number is Not Acceptable) 30 NW 125 ST  
~~10980 BISCAYNE BLVD~~  
 City NORTH MIAMI FL Zip Code 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)

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MELODY LARDIZABAL	
STREET ADDRESS	30 NW 125 ST	
CITY-ST-ZIP	NORTH MIAMI FLORIDA 33168	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)


For 2000

Attachment

FILED

Apr 23, 1999 8:00 ar  
Secretary of State

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

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>2000 <del>1999</del></b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000011429</b> 1. Corporation Name <b>RELIABLE FINANCE MORTGAGE INC.</b>			
Principal Place of Business <b>14600 W BORE HWY</b> <b>NORTH MIAMI FL 33161</b>		Mailing Address <b>14600 W BORE HWY</b> <b>NORTH MIAMI FL 33161</b>	
2. Principal Place of Business 21 <b>10980 Biscayne Blvd</b> Suite, Apt. #, etc. 22		2a. Mailing Address 25 <b>10980 Biscayne Blvd</b> Suite, Apt. #, etc. 27	
City & State 23 <b>Miami FL</b> Zip 24 <b>33161</b>		City & State 26 <b>Miami FL</b> Zip 29 <b>33161</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>LARDIZABAL MELODY</b> <b>30 NW 125 ST</b> <b>NORTH MIAMI FL 33168</b>			
10. Name and Address of New Registered Agent B1 Name <b>MELODY LARDIZABAL</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>30 NW 125 ST</b> B3 B4 City <b>NORTH MIAMI</b> FL B5 Zip Code <b>33168</b>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when remaining) DATE			
12. OFFICERS AND DIRECTORS TITLE <b>President</b> <input type="checkbox"/> DELETE NAME <b>MELODY B. LARDIZABAL</b> STREET ADDRESS <b>30 NW 125 ST</b> CITY-ST-ZIP <b>NORTH MIAMI FL 33168</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other (see empowered).

SIGNATURE: **Melody B. Lardizabal**

4-19-99 305-952 5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/98)