

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY 18 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016107

1. Entity Name

~~GELATS COMMERCIAL CAPITAL INC.~~
Georgetown Mortgage Company

Principal Place of Business

~~1600 BRICKELL AVENUE STE 660
MIAMI FL 33131-3014~~

Mailing Address

~~1000 BRICKELL AVENUE STE 660
MIAMI FL 33131-3014~~

2. Principal Place of Business

1550 MARLUSA AVE #403

3. Mailing Address

1223 SW 4th St, Ste 207

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

City & State
~~MIAMI~~
CORAL GABLES, FLA.

City & State
~~MIAMI~~
MIAMI, FLA.

4. FEI Number **65-0828822**

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

DE GOYTISOLO, AGUSTIN
1223 SW FOURTH ST SUITE 25, 207
MIAMI FL 33135

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.

(NOT 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!
After MAY 1, 2001
Fee IS \$150.00
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 *S/D* Delete
NAME **DE GOYTISOLO, AGUSTIN**
STREET ADDRESS **1223 SW FOURTH ST SUITE 25**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *P/T* Delete
NAME **DE GOYTISOLO, AGUSTIN GELATS**
STREET ADDRESS **1550 TARAGONA DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

032801 *305.591.8850*
Date Daytime Phone #

CR2E034 (10/00)