

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01-13

DOCUMENT # P98000016107

1. Entity Name

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

01 MAY 18 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

1550 MARLUGA AVE #403

3. Mailing Address

1223 SW 4th St, Ste 207

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FLA.

City & State

MIAMI, FLA.

Zip

33135-2407

Country

USA

Zip

33135-2407

Country

USA

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
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

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

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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 no officer or director of the corporation or the receiver or trustee empowered to execute this report has 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 (10/00)