APR 29 2002 1:36PM

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90063 045 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016107

1. Entity Name: GEORGETOWN MORTGAGE COMPANY

DO NOT WRITE IN THIS SPACE

B00937O6

2. Principal Place of Business: 1550 MADRUGA AVENUE
Suite, Apt. #, etc.: #403
City & State: CORAL GABLES FLORIDA
Zip: 33146 Country: USA

3. Mailing Address: 1550 MADRUGA AVENUE
Suite, Apt. #, etc.: #403
City & State: CORAL GABLES, FLORIDA
Zip: 33146 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0828822 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: de Goytisolo, Agustin
Street Address (P.O. Box Number is Not Acceptable): 600 BILTMORE WAY, #1205
City: CORAL GABLES FL 33134

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 _______ 04/29/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Awarded UBR #16126
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	P, T, D — PRESIDENT TREASURER + DIRECTOR
NAME	AGUSTIN G. de GOYTISOLO
STREET ADDRESS	1550 TARAGONA DRIVE
CITY-ST-ZIP	CORAL GABLES, FLA. 33134
TITLE	S — SECRETARY + DIRECTOR
NAME	AGUSTIN de GOYTISOLO, ESQ
STREET ADDRESS	600 BILTMORE WAY # 1205
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _______ 04/29/02 (305)668-7037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #