FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90164 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016107

1. Entity Name
GEORGETOWN MORTGAGE COMPANY

Principal Place of Business	Mailing Address
1550 MADRUGA AVE SUITE 403 CORAL GABLES, FL 33146-2407	1223 4TH ST SUITE 207 MIAMI, FL 33135-2407

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1550 Madruga Avenue	1550 Madruga Avenue
Suite, Apt #, etc.: Suite 403	Suite, Apt #, etc.: Suite 403
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 85-0828822 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE GOYTISOLO, AGUSTIN
600 BILTMORE WAY #1205
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE NOW DUE: FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD DE GOYTISOLO, AGUSTIN G 1550 TARAGADNA DR CORAL GABLES, FL 33134	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE GOYTISOLO, AGUSTIN G 600 BILTMORE WAY #1205 CORAL GABLES, FL 33134	☐ Delete	SD De Goytisolo, Agustin 600 Biltmore Way #1205 Coral Gables, FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-29-03 305-668-7037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #