

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016872

1. Entity Name

GLENDAL MORTGAGE CORP.

FILED

May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90071 015 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4901 N. OXIE HIGHWAY, SUITE 208  
STE 208  
FORT LAUDERDALE FL 33334~~

~~4901 N. OXIE HIGHWAY, SUITE 208  
STE 208  
FORT LAUDERDALE FL 33334~~

2. Principal Place of Business

3. Mailing Address

397 SW 14 CT  
Suite, Apt. #, etc.  
Pompano Beach, FL

397 SW 14 CT  
Suite, Apt. #, etc.  
Pompano Beach, FL

City & State

City & State

Zip  
33060

Country

Zip  
33060

Country

4. FEI Number 65-0837816

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

VANDER WOUDE, KAREN

~~4901 N. OXIE HIGHWAY, SUITE 208  
FORT LAUDERDALE FL 33334~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Pompano Beach

FL

Zip  
33060

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VANDER WOUDE, KAREN  
397 SW 14 COURT  
POMPAÑO BEACH FL 33060 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SANTESE, ARMANDO  
397 SW 14 CT.  
POMPAÑO BEACH FL 33060 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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)