

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90095 009 \*\*\*150.00

**DOCUMENT # P98000024108**



1. Entity Name  
**FLORIDA MORTGAGE LENDERS, INC.**

Principal Place of Business  
**422 N DIXIE HWY  
LAKE WORTH FL 33460  
US**

Mailing Address  
**422 N DIXIE HWY  
LAKE WORTH FL 33460  
US**



2. Principal Place of Business  
**2073 Cypress Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**2073 Cypress Ave.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Fort Pierce FL**  
Zip  
**34949** Country  
**St. Lucie**

City & State  
**Fort Pierce FL**  
Zip  
**34949** County  
**St. Lucie**

4. FEI Number **65-0818997** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ALVAREZ, ISMEAL D  
125 ROSEWOOD LANE  
GREEN ACRES FL 33463**

7. Name and Address of New Registered Agent  
Name **Ismael Alvarez**  
Street Address (P.O. Box Number is Not Acceptable)  
**2073 Cypress Ave.**  
City **Fort Pierce** FL Zip Code **34949**

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 **3-14-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! 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 - **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>ALVAREZ, ISRAEL D</b>	
STREET ADDRESS	<b>125 ROSEWOOD LANE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED DATE **3-14-03** Daytime Phone # **888-464-1123**

CR2E034 (10/02)