

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024492

1. Entity Name

COMMONWEALTH CONTINENTAL MORTGAGE CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90077 023 ***158.75

Principal Place of Business Mailing Address
 11880 S.W. 40TH STREET, STE. #405 11880 S.W. 40TH STREET, STE. #405
 MIAMI FL 33175 MIAMI FL 33175-3575
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0820794 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

MUDD, JOHN
 11880 S.W. 40TH STREET, STE. #405
 MIAMI FL 33175

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 _____ (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	PTD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDD, JOHN		NAME		
STREET ADDRESS	11880 S.W. 40TH STREET, #405		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP		
TITLE	VPSD	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAEFER, PAUL		NAME	Diaz, Mayra	
STREET ADDRESS	11880 S.W. 40TH STREET, #405		STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP	Miami, FL 33175	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, ELDA		NAME		
STREET ADDRESS	11880 S.W. 40TH STREET, #405		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lincoln, Timothy	
STREET ADDRESS			STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Portal, Ana	
STREET ADDRESS			STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: _____

ELDA MIRANDA, Secretary

4/10/00

(305) 221-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)