

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90021 050 ***150.00

DOCUMENT # P98000027307

1. Entity Name
HEMISPHERE CAPITAL MORTGAGE, INC.

Principal Place of Business
9990 S.W. 77TH AVENUE #202
MIAMI FL 33156

Mailing Address
9990 S.W. 77TH AVENUE #202
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9990 SW 77 AVENUE
 Suite, Apt. #, etc.
207

3. Mailing Address
9990 SW 77 AVENUE
 Suite, Apt. #, etc.
207

City & State
MIAMI FLORIDA
Zip
33156
Country
DADE

City & State
MIAMI FLORIDA
Zip
33156
Country
DADE

4. FEI Number **65-0825106** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
IZAGUIRRE, JORGE I
9990 S.W. 77TH AVENUE #202
MIAMI FL 33156

7. Name and Address of New Registered Agent
JORGE L IZAGUIRRE
 Street Address (P.O. Box Number is Not Acceptable)
9990 SW 77 AVENUE #207
City **MIAMI** **FL** **Zip Code** **33156**

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 **PRESIDENT** **1-26-02**
 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	PVST
NAME	IZAGUIRRE, JORGE I
STREET ADDRESS	9990 S.W. 77TH AVENUE #202
CITY-ST-ZIP	MIAMI FL 33156
	<input type="checkbox"/> Delete
TITLE	D
NAME	IZAGUIRRE, JORGE I
STREET ADDRESS	9990 S.W. 77TH AVENUE #202
CITY-ST-ZIP	MIAMI FL 33156
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST
NAME	JORGE L IZAGUIRRE
STREET ADDRESS	9990 SW 77 AVENUE 207
CITY-ST-ZIP	MIAMI FL 33156
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PVST
NAME	JORGE L IZAGUIRRE
STREET ADDRESS	9990 SW 77 AVE 207
CITY-ST-ZIP	MIAMI FL 33156
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> 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: **1-26-02** **305-273-3340**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)