

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98 000035366**

1. Entity Name

**City Mortgage Financial Corp.**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90147 046 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**14800 SW 81st Street**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33193**

Country

**USA**

3. Mailing Address

**SAME - 14800 SW 81st Street**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33193**

Country

**USA**

4. FL Number

**65-0847987**

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Pedro Gamez**

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

**14800 SW 81st Street,**

City

**Miami**

**FL**

Zip Code

**33193**

**DO NOT WRITE  
IN THIS SPACE**

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

*Pedro Gamez*

**Pedro Gamez**

**04/30/02**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$100.00

After May 1 Fee is \$500.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May 1  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT Pedro Gamez 14800 SW 81st Street, Miami, FL 33193</b>
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Pedro Gamez*

**Pedro Gamez - President**

**04/30/02**

**305-975-5591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: #