

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90210 046 ***150.00

DOCUMENT # P98000035366

1. Entity Name

City Mortgage Financial corp.

****NEW ADDRESS****



DO NOT WRITE IN THIS SPACE

70038305

2. Principal Place of Business
13788 SW 149 Circle Lane

3. Mailing Address
13788 SW 149 Circle Lane

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

#2

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

65-0847987

Applied For

Not Applicable

Zip

Country

33186

U.S.A.

Zip

Country

33186

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Pedro Gamez

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

13788 SW 149 Circle Lane

#2

City

Miami

FL

Zip Code

33186

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

[Signature]

Signature (typed or printed name of registered agent and office if applicable)

(NOTE: Registered Agent signature required when reinstating)

April 9, 2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust-Fund Contribution ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Pedro Gamez
13788 SW 149 Circle Lane, #2
Miami, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

04/09/03

Date

305-259-8310

Daytime Phone #

CR2E0348 (12/02)