2000 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2000 8:00 am DOCUMENT # P98000045816 1. Entity Name **Secretary of State** IMMO MORTGAGE, INC. 03-28-2000 90067 027 ***150.00 Principal Place of Business Mailing Address 1001 W. CYPRESS CREEK BLVD., STE. 320 1001 W. CYPRESS CREEK BLVD., STE. 320 FT. LAUDERDALE FL 33309-1950 FT. LAUDERDALE FL 33309 9 9 9 3 9 19 2 3 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0837181 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOBIL, JAMES H Street Address (P.O. Box Number is Not Acceptable) 1001 W CYPRESS CREEK ROAD SUITE 320 FT. LAUDERDALE FL 33309 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NOBIL, JAMES H NAME NAME 1001 W CYPRESS CREEK ROAD, STE 320 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 Delete Change Addition TITLE TITLE AGUIRRE, CAMILO NAME NAME 1001 W CYPRESS CREEK ROAD, STE 320 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 Change Addition Delete TITI F WEISS, JOHN NAME NAME STREET ADDRESS 1001 W CYPRESS ROAD, STE 320 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

FILED