

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90773 009 ***150.00

DOCUMENT # P98000053997

1. Entity Name
C MORTGAGE & FINANCING, INC.



Principal Place of Business
**520 BRICKELL KEY DRIVE
UNIT A 1201
MIAMI FL 33121**

Mailing Address
**520 BRICKELL KEY DRIVE
UNIT A 1201
MIAMI FL 33121**



2. Principal Place of Business
**520 BRICKELL KEY DR
Suite. Apt. #, etc. A1201**

3. Mailing Address
**520 BRICKELL KEY DR
Suite. Apt. #, etc. A1201**

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0843424**

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANCHEZ, DAISY
600 BRICKELL AVE
SUITE 206-D
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
SANCHEZ, DAISY
Street Address (P.O. Box Number is Not Acceptable)
520 BRICKELL KEY DR A1201
City **MIAMI** FL **33131**

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 *Daisy Kelleher*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **04/10/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **SANCHEZ, DAISY**
STREET ADDRESS **520 BRICKELL KEY DRIVE #1201**
CITY-ST-ZIP **MIAMI FL 33121**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **SANCHEZ, DAISY**
STREET ADDRESS **520 BRICKELL KEY DRIVE A1201**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daisy Kelleher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03 **305-3717475**

Date

Daytime Phone #

CR2E034 (10/02)