

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90078 003 ***150.00

DOCUMENT # P98000071354

1. Entity Name
PROPERTY MORTGAGE CORP.

Principal Place of Business
**9600 SW 8TH ST. STE. #25
 MIAMI FL 33174**

Mailing Address
**9600 SW 8TH ST. STE. #25
 MIAMI FL 33174-2947**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0860037**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUIG, RENE M.
 9360 SUNSET DRIVE #252
 MIAMI FL 33175**

Name **PUIG, RENE A.**
 Street Address (P.O. Box Number is Not Acceptable)
9600 SW 8TH ST. STE 25
 City **MIAMI** FL Zip Code **33174**

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 **RENE PUIG Sr. Vice-President** **2/25/00**
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PUIG, SILVIA	
STREET ADDRESS	9600 SW 8TH ST. STE. #25	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUIG, RENE	
STREET ADDRESS	9600 SW 8TH ST. STE. #25	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUIG, SILVIA	
STREET ADDRESS	9600 SW 8TH ST. STE 25	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	DIV/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUIG, RENE	
STREET ADDRESS	9600 SW 8TH ST. STE #25	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **RENE PUIG** **2/25/00** **(305) 225-6161**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)