

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071354

1. Entity Name

PROPERTY MORTGAGE CORP.

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

03-02-2000 90078 003 \*\*\*150.00

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

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**

(NOTE: Registered Agent Signature required when reinstating)

**2/25/00**  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PUIG, SILVIA</b>	
STREET ADDRESS	<b>9600 SW 8TH ST. STE. #25</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PUIG, RENE</b>	
STREET ADDRESS	<b>9600 SW 8TH ST. STE. #25</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
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	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUIG, SILVIA</b>	
STREET ADDRESS	<b>9600 SW 8TH ST. STE 25</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33174</b>	
TITLE	<b>D/V/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUIG, RENE</b>	
STREET ADDRESS	<b>9600 SW 8TH ST. STE #25</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33174</b>	
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		
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 another like empowered.

SIGNATURE  **RENE PUIG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/00**  
Date

**(305) 225-6161**  
Daytime Phone #

CR2E034 (9/99)