

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90860 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0860037**

Applied For
 Not Applicable

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
9600 SW 8TH ST
STE 25
MIAMI FL 33174

Name
Rodriguez, Robert W., Esq.
 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.
Ste 1035
 City **CORAL GABLES** FL Zip Code **33134**

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 of individual named name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **DP**
PUIG, SILVIA Delete
 STREET ADDRESS **9600 SW 8TH ST. STE. #25**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE
 NAME **VT** Change Addition
PUIG, SILVIA
 STREET ADDRESS **9600 S.W. 8th St. Ste 25**
 CITY-ST-ZIP **MIAMI, FL 33174**

TITLE
 NAME **DVC** Delete
PUIG, RENE
 STREET ADDRESS **9600 SW 8TH ST. STE. #25**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE
 NAME **PS** Change Addition
PUIG, RENE
 STREET ADDRESS **9600 S.W. 8th St. Ste 25**
 CITY-ST-ZIP **MIAMI, FL 33174**

TITLE
 NAME Delete

TITLE
 NAME Change Addition

TITLE
 NAME Delete

TITLE
 NAME Change Addition

TITLE
 NAME Delete

TITLE
 NAME Change Addition

TITLE
 NAME Delete

TITLE
 NAME Change Addition

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:

SIGNATURE REQUIRED
RENE PUIG

PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 225-6161

CR2E034 (10/02)