

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074638

1. Entity Name

WORLD MORTGAGE BANKERS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90008 046 ***150.00

Principal Place of Business

104 CRANDON BLVD., #306
 KEY BISCAYNE FL 33149

Mailing Address

104 CRANDON BLVD., #306
 KEY BISCAYNE FL 33149-1542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

104 CRANDON BLVD #308

3. Mailing Address

104 CRANDON BLVD #308

Suite, Apt. #, etc.

KEY BISCAYNE

Suite, Apt. #, etc.

KEY BISCAYNE

City & State

FL

City & State

FL

4. FEI Number

65-0086593

Applied For

Not Applicable

Zip

33149

Country

USA

Zip

33149

Country

USA

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

SAKS, KEITH W
 1450 MADRUGA AVE, #305
 MIAMI FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 PD
 NAME ECHEVERRIA, GUSTAVO
 STREET ADDRESS 1111 CRANDON BLVD., #A-905
 CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)