

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078498

1. Entity Name

FLORIDA DISCOUNT MORTGAGE COMPANY

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90042 016 ***150.00

Principal Place of Business

Mailing Address

11098 BISCAYNE BLVD
208
MIAMI FL 33161

3520 MAGELLAN CIRCLE #736
AVENTURA FL 33180-3760

2. Principal Place of Business

13899 Biscayne Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
310

City & State
Miami, FL

City & State

4. FEI Number 65-0862515

Applied For

Not Applicable

Zip
33181

Country
Dade

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

SCHNEIDER, LAURENCE
3520 MAGELLAN CIRCLE #736
AVENTURA FL 33180

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 P
NAME SCHNEIDER, LAWRENCE ☐ Delete
STREET ADDRESS 11098 BISCAYNE BLVD. #208
CITY-ST-ZIP MIAMI FL 33161

TITLE P
NAME Schneider, Laurence ☒ Change ☐ Add
STREET ADDRESS 13899 Biscayne Blvd # 310
CITY-ST-ZIP Miami, FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

305-450-3877

Date

Daytime Phone #