

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90100 005 ***150.00

DOCUMENT # P98000078498

1. Entity Name

FLORIDA DISCOUNT MORTGAGE COMPANY

Principal Place of Business

**13899 BISCAYNE BLVD
 310
 MIAMI FL 33181**

Mailing Address

**3520 MAGELLAN CIRCLE #736
 AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

13899 Biscayne Blvd

Suite, Apt. #, etc.

310

City & State

Miami

Zip

33181

Country

USA

4. FEI Number **65-0862515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHNEIDER, LAURENCE
 3520 MAGELLAN CIRCLE #736
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Laurence Schneider**

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

13899 Biscayne Blvd #310

City **Miami**

FL

Zip Code

33181

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, 2001 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

TITLE **P** ☐ Delete
 NAME **SCHNEIDER, LAWRENCE**
 STREET ADDRESS **13899 BISCAYNE BLVD # 310**
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 #

Laurence Schneider 1/4/01 305-632-8462

CR2E034 (10/00)