

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000085013

FILED
May 23, 2002 8:00 AM
Secretary of State

Entity Name: ATLANTIC DADE MORTGAGE CORP.

Current Principal Place of Business:

11440 N KENDALL DR
STE 104
MIAMI, FL 33176

New Principal Place of Business:

185 NAVARRE AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

11440 N KENDALL DR
STE 104
MIAMI, FL 33176

New Mailing Address:

185 NAVARRE AVENUE
CORAL GABLES, FL 33134

FEI Number: 65-0867503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGUAD, YAMIL
11440 N KENDALL DRIVE
STE 104
MIAMI, FL 33176

Name and Address of New Registered Agent:

AGUAD, YAMIL
185 NAVARRE AVENUE
CORAL GABLES, FL 33134

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:

05/23/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ABUAD, YAMIL
Address: 11440 N KENDALL DR STE 104
City-St-Zip: MIAMI, FL 33176

Title: SDV (X) Delete
Name: AGUAD, ARESKI
Address: 11440 N KENDALL DR STE 104
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: AGUAD, YAMIL
Address: 185 NAVARRE AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YAMIL AGUAD

DPT

05/23/2002

Electronic Signature of Signing Officer or Director

Date