2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000090793 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name REAL ESTATE MORTGAGES INTERNATIONAL CORPORATION 04-21-2000 90150 030 ***150.00 Principal Place of Business Mailing Address P O BOX 1311 7616 SOUTHLAND BLVD **STE 100** ORLANDO FL 32802-1311 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 1401-A Edgewater Dr P. O. Box 547370 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3537915 Orlando, FL Orlando, FL Not Applicable Zip Country \$8,75 Additional Country \Box 5. Certificate of Status Desired Fee Required 32804-6352 3285407370 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THURDEKOOS, CARLOS Street Address (P.O. Box Number is Not Acceptable) 401-A Edgewater DR. **Z6:16 SOUTHLAND BLVD** STE 1001 ORLANDO-FL-32809 Zip Code 32804 Orlando 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, Change Addition ☐ Delete TITLE TITLE THURDEKOOS, CARLOS MAME NAME 1401-A Edgewater Dr. Z616-SOUTHLAND-BLVD-STE-100 STREET ADDRESS STREET ADDRESS Orlando, FL 32804 CITY-ST-ZIP ORLANDO FL-32809 CITY-ST-7IP ■ Addition ☐ Delete TITLE THURDEKOOS, MARIA NAME STREET ADDRESS 1401-A Edgewater Drive STREET ADDRESS Z616-SOUTHLAND-BLVD-STE-100 CITY-ST-ZIP Orlando, FL 32804 CITY-ST-ZIP ORLANDO FL-32809 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

ATIONAL CONSORATION

ANTOS THURSEKOOS