

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092488

1. Entity Name
TRINITY MORTGAGE, CORP.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90134 022 ***150.00

Principal Place of Business
13500 N. KENDALL DR.
SUITE 175
MIAMI FL 33186

Mailing Address
13500 N. KENDALL DR.
SUITE 175
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13500 N. KENDALL DR.

3. Mailing Address

13500 N. KENDALL DR.

Suite, Apt. #, etc.

175

Suite, Apt. #, etc.

SUITE 175

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-0876797

Applied For

Not Applicable

Zip
33186

Country
DADE

Zip
33186

Country
DADE

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

NUEVO, MARIA L
10239 SW 139 COURT
MIAMI FL 33186

Name MARIA L. NUEVO

Street Address (P.O. Box Number is Not Acceptable)
195 NW 125 AVENUE

City Miami

State FL

Zip Code 33182

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 *Maria L. Nuevo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/03/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANISAREZ, OMAR A 13500 NORTH KENDALL DR., SUITE 175 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MARIA L. NUEVO 13500 N. KENDALL Drive #175 Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIA L. NUEVO 13500 N. KENDALL Drive #175 Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a power like empowered.

SIGNATURE: *Maria L. Nuevo* MARIA L. NUEVO 1/03/01 388-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)