

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000095548****1. Entity Name**
V & V MORTGAGE, INC.**Principal Place of Business****11410 KENDALL DRIVE**
106
MIAMI FL 33176**Mailing Address****11410 KENDALL DRIVE**
106
MIAMI FL 33176**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number ~~65-0875733~~
65-0878297Applied For
Not Applicable**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****SAAVEDRA, ESQ, DAMASO W**
312 SW 17TH ST
FT LAUDERDALE FL 33316

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PST** ☐ Delete
NAME **FLORIT-MOLINA, LUIS HECTOR**
STREET ADDRESS **11410 KENDALL DR # 106**
CITY-ST-ZIP **MIAMI FL 33176****TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 all officers, with all other like empowered.****SIGNATURE:****LOUIS HECTOR FLORIT-MOLINA, PRESIDENT**

Date

Daytime Phone #

FILED**Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90315 035 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)