2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106922 1. Entity Name WORLD MORTGAGE CORPORATION OF MIAMI					Jan 18, 2000 8:00 am Secretary of State			
Principal Place	e of Business	Mailing Address			01	10 2000 3007	1000 100.0	
1051 W. 29TH STREET 1051 W. 29TH STREET SUITE 3 SUITE 3 HIALEAH FL 33012 HIALEAH FL 33012-5057								
2. Principal Place of Business 1051 W. 29 th St Suite, Apt. #, etc.		3. Mailing Address 1051 w 29 th st Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Hinlenh FL		City & State HIA LEAD FL		4. F	El Number	65-0883218		Applied For اردة الموالة الم
Zip 33012	Country	Zip 33012	Country U.S.A	5. (Certificate of	Status Desired	S8.75 Ac	dditional
5 3012	6. Name and Address of Current			7. N	lame and A	dress of New Reg	istered Agent	
1572	STA, PEDRO 14 S.W. 78TH PLACE 11 FL 33157		Street Ac	ddress (P.O. B	ox Number i	s Not Acceptable)	FL Zip Co	
SIGNATURE . 468 A July 9. This corporate filing r	named entity submits this statement for statement for statement for statement for statement produced in the statement for statement and statement and elects to do so, and on back)	and title if applicable. (NOTE	E: Registered Agent signatu	re required when re	instating) 10. Electi	ion Campaign Finan Fund Contribution.	DATE	00 May Be
11.	' OFFICERS AND	DIRECTORS	12.		DITIONS/CI	HANGES TO OFFICE	ERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, JORGE 14324 S.W. 14TH STREET MIAMI FL 33184	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAN'		33184	t Change	<u> </u>
TITLE NAME	VD ACOSTA, PEDRO	☐ Delete	TITLE NAME				Change	
STREET ADDRESS CITY-ST-ZIP	15724 S.W. 78TH PLACE MIAMI FL 33157		- STREET ADDRESS- CITY-ST-ZIP	· ·		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- -		,	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	_
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report poration or the receiver or trunkee amp or on an attachment with an address,	n this filing does not qualify for s true and accurate and that n owered to execute this report with all other like empowered.	r the exemption stat ny signature shall ha as required by Cha	ed in Section ave the same pter 607, Flori	119.07(3)(i), legal effect a da Statutes;	Florida Statutes, I fusion if made under oat and that my name a	urther certify that the h; that I am an office appears in Block 11	information ar or director or Block 12 (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: