

2001. UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90083 042 ***150.00

DOCUMENT # P99000001543

1. Entity Name
MAR MORTGAGE CORPORATION

Principal Place of Business
**1911 FOREST HILL BLVD.
 WEST PALM BEACH FL 33406**

Mailing Address
**1911 FOREST HILL BLVD.
 WEST PALM BEACH FL 33406**

2. Principal Place of Business
2135 S. CONGRESS AVE
 Suite, Apt. #, etc.
SUITE 4-A

3. Mailing Address
2135 S. CONGRESS AVE
 Suite, Apt. #, etc.
SUITE 4-A

City & State
WPB FL

City & State
WPB FL

Zip
33406

Country
U.S.

Zip
33406

Country
U.S.

4. FEI Number **65-0885849**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, MARTHA
1911 FOREST HILL BLVD.
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name **MARTHA RESTREPO**
 Street Address (P.O. Box Number is Not Acceptable)
2135 S. CONGRESS AVE SUITE 4-A
 City **WPB** FL Zip Code **33406**

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 *Martha Restrepo* (NOTE: Registered Agent signature required when reinstating) DATE 2-16-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESTREPO, MARTHA 1911 FOREST HILL BLVD WEST PALM BEACH FL 33485	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RESTREPO, ALVARO 1911 FOREST HILL BLVD. WEST PALM BEACH FL 33406	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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 all other like empowered.

SIGNATURE: *Martha Restrepo* - MARTHA RESTREPO Date 2-16-01 Daytime Phone # 561-964-3333

CR2E034 (10/00)