May 05, 2001 8:00 am
Secretary of State
05-05-2001 90400 001 *****8.75
05-05-2001 90400 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016276 ✓

1. Entity Name
ANC MORTGAGE INC.

Principal Place of Business | Mailing Address

41150

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12350 SW 132 Ct.	12350 SW 132 Ct
Suite, Apt. #, etc. Ste 101	Suite, Apt. #, etc. Suite 101
City & State Miami, FL.	City & State Miami, Fl.
Zip 33183 Country USA	Zip 33183 Country USA

4. FEI Number 65-0885439 ☐ Applied 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
	Name ARMANDO O. TORRES
	Street Address (P.O. Box Number is Not Acceptable) 6135 SW 129 Pl.
	Suite 1903
	City Miami FL Zip Code 33183

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 ARMANDO O. TORRES President. 4/15/01
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 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VICE PRESIDENT NIVIA M. CARRERA 13304 SW 73 TE MIAMI, FL. 33183
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VICE PRESIDENT / SECRETARY RENE DOMINGUEZ 3614 Monserrate CORAL GABLES, FL. 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VICE PRESIDENT / TREASURER VALERIA S. TORRES 6135 SW 129 Pl. Suite 1903 MIAMI, FL 33183
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PRESIDENT ARMANDO O. TORRES 6135 SW 129 Pl. Suite 1903 MIAMI, FL. 33183
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: ARMANDO O. TORRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #