

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000005845**  
 1. Entity Name  
**EQUITY SOUTH MORTGAGE, INC**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
 05-17-2000 90958 024 \*\*\*150.00

Principal Place of Business Mailing Address  
**9100 S DADELAND BLVD 9100 S DADELAND BLVD**  
**STE 1701 STE 1701**  
**MIAMI, FL 33156 MIAMI, FL 33156**

**A00G1054**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**5250 SW 115 AVENUE 5250 SW 115 AVENUE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI, FL MIAMI, FL**  
 Zip Country Zip Country  
**33165 USA 33165 USA**

4. FEI Number Applied For  
**65-0891378** Not Applicable

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

6. Name and Address of Current Registered Agent  
**PRICE, IRA B**  
**9100 S DADELAND BLVD, STE 1701**  
**MIAMI, FL 33156**

7. Name and Address of New Registered Agent  
 Name **PAT CANILO, PAT**  
 Street Address (R.O. Box Number is Not Acceptable) **5250 SW 115 AVENUE**  
 City **MIAMI** FL Zip Code **33165**

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]** PAT CANILO  
 Signature, typed or printed name of registered agent and title if applicable. Director  
 (NOTE: Registered Agent signature required when reinstating) DATE **4/20/00**

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, 2000 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	<input type="checkbox"/> Delete <b>PAT CANILO, PAT</b> <b>5250 SW 115 AVENUE</b> <b>MIAMI, FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> 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
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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: **[Signature]** PAT CANILO  
 Signature, typed or printed name of signing officer or director Director  
 Date **4/20/00** Daytime Phone # **305-807-0842**

CR2E034 (9/99)