

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90137 019 ***150.00

DOCUMENT # P99000013131

1. Entity Name

INTERNATIONAL FINANCIAL MORTGAGE GROUP, CORPORATION

Principal Place of Business

**3191 CORAL WAY
 639
 MIAMI FL 33145**

Mailing Address

**3191 CORAL WAY
 639
 MIAMI FL 33145**

2. Principal Place of Business

9010 SW 137 AV

Suite, Apt. #, etc.

106

City & State

MIAMI, FL

Zip

Country

33186

DADE

3. Mailing Address

9010 SW 137 AV

Suite, Apt. #, etc.

106

City & State

MIAMI, FL

Zip

Country

33186

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0910763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZABALA, AGUSTIN
 8811 SW 132 PLACE
 APT #C-301
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

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

AGUSTIN ZABALA - PRESIDENT 03/12/02

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, 2002 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 **P** ☐ Delete
 NAME **ZABALA, AGUSTIN**
 STREET ADDRESS **8811 SW 132 PLACE APT #C-301**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/02 305-387-7676

Date

Daytime Phone #

CR2E034 (9/01)