FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 24 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022623

1. Entity Name
First Mortgage Consultants Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
501 Golden Isles Dr.	SAME
Suite, Apt. #, etc. 206 A	Suite, Apt. #, etc.
City & State Hallandale FL.	City & State
Zip 33009 Country BROWARD	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0901344 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Graciela Falcon Toledo

Street Address (P.O. Box Number is Not Acceptable) 522 NE 199 th Lane

City N. Miami FL Zip Code 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE pd NAME Graciela Falcon Toledo STREET ADDRESS 522 NE 199 Lane # 2 CITY-ST-ZIP N. Miami FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200010680872 01/24/03--01010--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200010680872 01/24/03--01010--003 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 01/16/03 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

01/23

NEW ADDRESS

FIRST MORTGAGE CONSULTANTS INC.
501 Golden Isles Drive Ste. 206A
Hallandale Fl 33009

Ph. (954) 889-8350 **Fax (954) 889-8351**

January 16th, 2003

Florida Dept. of State
Div. of Corporations
Tallahassee FL

RE: FIRST MORTGAGE CONS.
(RE-INSTATEMENT TO ACTIVE STATUS

Dear Sir/Madam:

As per your instruction attached please find check for $300 and UBR with new address and phones information.

I am also sending check for $8.75 to get certificate of status and correct your records with my new address

Sincerely yours,

Jose F Toledo