2001 UNIFORM BUSINESS REPORT (UBF	2001	UNIFORM	BUSINESS	REPORT	(UBR
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	NACNIT # DOOOO		11 (0	DN)					¥5990	
 Entity Name 	· ·					FILED SECRETARY OF STATE SWISTON OF CORPORATIONS				
BAEZ MC	PRTGAGE AND INVESTMENT	IS CORPORATION				DIVISION OF CORPORAT	E IOH C		X .	
Principal Plac	te of Business	Mailing Address				01 OCT -8 AM 10: 0	ļ			
7844 CORAL	7844 CORAL WAY 7844 CORAL WAY									
MIAMI FL 331	55	SUITE 204 MIAMI FL 33155				4 (86)(50) (10 (8)(8 40)(4 02)() 60(() 69(1)	9112 51512 15251 5252	BINI BIBI IBBI		
2. Principal F	Place of Business	3. Mailing Address								
7844 Suite, Apt.	1844 SW 24 St 1844 SW 24 S			1	D		ነሹ ይታጀውር <i>- ፌ</i>			
		Suite, Apt. #, etc.				EINS PONOT WRITE IN THE		<u>'7</u>	,	
City & Stat	11 EL 33155	City & State City & City &		315'5	4. F	65-0905013	No	oplied For. 🗻 ot Applicable	1	
331 g	S Country SS USA	Zip33155	Country C/S	A-	5. C	Certificate of Status Desired	\$8.75 Add Fee Require			
_	6. Name and Address of Current R	egistered Agent	Na	me	7. N	ame and Address of New Register	ed Agent		-	
BAEZ, YA			Str	eet Address (P	2.O. Bo	ox Number is Not Acceptable)	·	······		
7844 S.W. MIAMI FL	. 24 STREET 33155									
			City	y		· · · · · · · · · · · · · · · · · · ·	Zip Cod	e		
8. The above	named entity submits this statement for t	the purpose of changing its re	gistered offi	ice or registere	ed age		<u> </u>			
SIGNATURE	Standet 1	35								
SIGNATURE	Signature, typed or frinted name of registered agent and	title if applicable. (NOTE: R	legistered Agent	signature required v	when rei	instating) DA	TÉ			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FI After September 12, 200 Make Check Payable to			2001 Fee v	vill be \$750.0		Election Campaign Financing Trust Fund Contribution.	_ +	0 May Be I to Fees		
11.	OFFICERS AND D	IRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR			
TITLE NAME	PD BAEZ, YAMILET	Delete	TITLE NAME			1000004638	□ Change	$- \frac{\Box}{1}$ Addition	(5/01	
STREET ADDRESS CITY-ST-ZIP	7844 S.W. 24 STREET MIAMI FL 33155		STREET ADDR CITY-ST-ZIP	- 1		-10/17/01 ****750.00			2E034 (5/01)	
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition	ğ	
STREET ADDRESS CITY-ST-ZIP			STREET ADDI							
TITLE		☐ Delete	TITLE			7,000-18-50-18-1-1-1-1	. Change	Addition		
NAME STREET ADDRESS			NAME STREET ADDR			•				
CITY-ST-ZIP	1. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	☐ Delete	CITY-ST-ZIP		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-10/15	☐ Change	Addition		
NAME STREET ADDRESS			NAME STREET ADDR	nree .	\mathscr{N}	10/10	Onlings			
CITY-ST-ZIP			CITY-ST-ZIP		7		٧,			
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition (ĺ	
STREET ADDRESS CITY-ST-ZIP			STREET ADDR							
TITLE		☐ Delete	TITLE				☐ Change	Addition		
NAME STREET ADDRESS			NAME STREET ADDR	RESS						
CITY-ST-ZIP		1	CITY-ST-ZIP			•				
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is portation or the receiver or trustee employed	his filing does not qualify for the rue and accurate and that my rered to execute this peoply as	e exemption signature sh required by	n stated in Sec nall have the sa Chapter 607	tion 1 ame le Florid	19.07(3)(i), Florida Statutes. I further egal effect as if made under oath; tha la Statutes; and that my name appea	certify that the ir at I am an officer ars in Block 11 or	nformation or director Block 12 if	ļ	

SIGNATURE:

Date

Daytime Phone #