

2000 UNIFORM BUSINESS REPORT (UBR)

1/29

FILED
May 17, 2000 8:00 am
Secretary of State

01-29-2000 90036 011 ***150.00

DOCUMENT # P99000035138

1. Entity Name

DLT FINANCIAL MORTGAGE GROUP, INC.

Principal Place of Business

Mailing Address

7545 NW 70TH STREET
 SUITE A
 MIAMI FL 33166

7545 NW 70TH STREET
 SUITE A
 MIAMI FL 33168-2815

2. Principal Place of Business

3. Mailing Address

6801 NW 77 AVE

6801 NW 77 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

102

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0911240

Applied For
 Not Applicable

Zip

33166

Country

Dade

Zip

33166

Country

Dade

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

ARIAS, LUIS M
 6235 KENDALE LAKES CIRCLE
 #132
 MIAMI FL 33183

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 reappointing)

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, 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 PD
 NAME RONDEROS, FABIO
 STREET ADDRESS 7545 NW 70TH STREET
 CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME 6801 NW 77 AVE ☒ Change ☐ Addition
 STREET ADDRESS Suite 102
 CITY-ST-ZIP Miami, FL 33166

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00

305-8836749