

2000 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-05-2000 90090 043 ***150.00

DOCUMENT #

099000045031

Entity Name

Z & M Mortgage Investment

Principal Place of Business

Mailing Address

Z&M MORTGAGE INVESTMENTS

3318 S.W. 139th Ct.

Miami, FL 33175

Principal Place of Business

3. Mailing Address

3318 SW 139 Ct
 Miami, FL 33175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

05-0981436

Applied For

Not Applicable

5. Certificate of Status Desired

1

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Spiegel + Utrera, PA
 343 Almeria Avenue
 Coral Gables, FL 33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 11 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>P <input type="checkbox"/> Delete</p> <p>Mario Velasquez</p> <p>3318 S.W. 139th Ct.</p> <p>Miami, FL 33175</p> <p>ST ZIP</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>S/T <input type="checkbox"/> Delete</p> <p>Zuleika Munoz</p> <p>3318 S.W. 139th Ct.</p> <p>Miami, FL 33175</p> <p>ST ZIP</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 another like empowered.

SIGNATURE:

Zuleika Munoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 220 3329

CR2F034 (9/99)