

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90320 038 \*\*\*150.00

DOCUMENT # P99000051092

1. Entity Name  
MIAMI BEACH MORTGAGE CORP.



Principal Place of Business  
940 LINCOLN RD  
STE 305  
MIAMI BCH FL 33139

Mailing Address  
940 LINCOLN RD  
STE 305  
MIAMI BCH FL 33139

2. Principal Place of Business

940 Lincoln Road

Suite, Apt. #, etc.

# 315

City & State  
Miami Beach, FL

Zip  
33139

Country  
USA

3. Mailing Address

940 Lincoln Road

Suite, Apt. #, etc.

# 315

City & State  
Miami Beach, FL

Zip  
33139

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0926149

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOLEDO, RICHARD G ESQ.  
100 N. BISCAYNE BLVD., SUITE 2600  
MIAMI FL 33132

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Secretary of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME TECKLEBURG, JOHN K  
STREET ADDRESS 11 ISLAND AVE., #309  
CITY-ST-ZIP MIAMI BCH FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block-11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/03

Date

305.674.9139

Daytime Phone #

CR2E034 (10/02)