2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 10, 2000 8:00 am Secretary of State DOCUMENT # **P99000065387** 1. Entity Name CITY NATIONAL MORTGAGE OF MIAMI, INC. 03-10-2000 90039 038 ***150.00 Mailing Address Principal Place of Business 1890 SW 57 AVE STE 107 1890 SW 57 AVE STE 107 MIAMI FL 33155-2164 MIAMI FL 33155 COUCOULU 2. Principal Place of Business SW 60th SH 60th St DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired JSA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CHRISTO, LEGANOR L Street A 1890 SW 57 AVE STE 107 **MIAMI FL 33155** Miam the State of Florida or registered age mits this statement for the purpose of changing its registered, 8. The above named entity su FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be ection Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. ust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition Change TITLE Delete TITLE GILMORE. RONALD NAME NAME STREET ADDRESS STREET ADDRESS 1890 SW 57 AVE STE 107 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have the corporation or the receiver or trustee empowered to execute this report as required by Chapter changed, or on an attachment with an address, with all other like empowered. otion 119.07(3)(i), Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am an officer or director