

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90070 010 ***158.75

DOCUMENT # P99000068755

1. Entity Name

MORTGAGE LOAN PROCESSING CORPORATION

Principal Place of Business

Mailing Address

~~PO BOX 540102~~
~~WEST PALM BEACH FL 33404~~

~~PO BOX 540102~~
~~WEST PALM BEACH FL 33454~~

602842

2. Principal Place of Business

3. Mailing Address

4045 BAHIA ISLE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wellington FL

33416

Country

USA

Zip

Country

4. FEI Number

APPLIED FOR

65-0938654

Applied For

Not Applicable

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

CORPORATE CREATIONS ENTERPRISES, INC.

~~041 FOURTH STREET #290~~

~~MIAMI BEACH FL 33139~~

Name **DON PARADISO**

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

2072 S. MILITARY TRAIL

#9

West Palm Beach FL

33415

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 reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **PARADISO, DON A**
 STREET ADDRESS **2072 SOUTH MILITARY TRAIL, SUITE 9**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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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:

DON A. PARADISO Pres. 010301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0512142