

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91005 019 \*\*\*158.75

AV

**DOCUMENT # P99000068755**

**1. Entity Name**  
**MORTGAGE LOAN PROCESSING CORPORATION**

**Principal Place of Business**

~~4045 DANIA ISLE CIRCLE~~  
~~WELLINGTON FL 33407~~  
~~US~~

**Mailing Address**

~~4045 DANIA ISLE CIRCLE~~  
~~WELLINGTON FL 33407~~  
~~US~~

B0040682



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**2401 E. ATLANTIC BLVD.**

Suite, Apt. #, etc.

**# 314**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

**6. Name and Address of Current Registered Agent**

**PARADISO, DON**

~~2072 S MILITARY TRAIL~~

~~WEST PALM BEACH FL 33415~~

**7. Name and Address of New Registered Agent**

Name

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

**111 N. POMPANO BEACH BLVD.**

**APT. # 1707**

**POMPANO BEACH FL 33062**

**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, 2002 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** **D. P. T. S.** ☐ Delete  
**NAME** **PARADISO, DON A**  
**STREET ADDRESS** ~~2072 S MILITARY TRAIL STE 0~~  
**CITY-ST-ZIP** ~~WEST PALM BEACH FL 33415~~

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME** **2401 E. ATLANTIC BLVD.**  
**STREET ADDRESS** **Suite 314**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33062**

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

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

**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 on the report or supplemental report, unchanged, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

022702

5006

CR2E034 (9/01)