

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90103 026 \*\*\*158.75

**DOCUMENT # P99000074366**

1. Entity Name

**FIRST CLASS MORTGAGE, INC.**

Principal Place of Business

Mailing Address

160 NORTHWEST 176TH STREET  
 SUITE 200-3  
 MIAMI FL 33169

160 NORTHWEST 176TH STREET  
 SUITE 200-3  
 MIAMI FL 33169-5023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0942810

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

80008375



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name

Jannie T. Thornton

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

160 NW 176th st ste 200-3

City

~~MIAMI~~ MIAMI FL

Zip Code

33169

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

*Jannie Thornton*

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

(NOTE: Registered Agent signature required when reinstating)

01/11/2000

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME               | STREET ADDRESS             | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|-------|--------------------|----------------------------|--------------------|---------------------------------|
| PSTD  | THORNTON, JANNIT T | 15830 NORTHWEST 28TH COURT | OPA LOCKA FL 33054 | <input type="checkbox"/>        |
|       |                    |                            |                    | <input type="checkbox"/>        |
|       |                    |                            |                    | <input type="checkbox"/>        |
|       |                    |                            |                    | <input type="checkbox"/>        |
|       |                    |                            |                    | <input type="checkbox"/>        |
|       |                    |                            |                    | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:

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

Date

01/11/2000

Daytime Phone #

305 651-1212

CR2E034 (9/99)