

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000087403**

1. Entity Name

**WESTIL MORTGAGE CO., INC.****FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90032 015 \*\*\*158.75

Principal Place of Business

Mailing Address

**1 N.E. 1ST ST., STE. 700**  
**MIAMI FL 33132****1 N.E. 1ST ST., STE. 700**  
**MIAMI FL 33132**

2. Principal Place of Business

**13132 W. Dixie Hwy.**

3. Mailing Address

**13132 W. Dixie Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**North Miami, FL**

City &amp; State

**North Miami, FL**

Zip

**33161**

Country

**Dade**

Zip

**33161**

Country

**Dade**

4. FEI Number

**52-2197274**

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

**ROSEN, PAUL**  
**1 N.E. 1ST ST., STE. 700**  
**MIAMI FL 33132**

Name

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

**13132 W. Dixie Hwy.**

City

**North Miami****FL**

Zip Code

**33161**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEN, PAUL</b>	NAME	
STREET ADDRESS	<b>1 N.E. 1ST ST., STE. 700</b>	STREET ADDRESS	<b>13132 W. Dixie Hwy.</b>
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	CITY-ST-ZIP	<b>North Miami, FL 33161</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEN, WENDY</b>	NAME	<b>Rosen, Wendi</b>
STREET ADDRESS	<b>1 N.E. 1ST ST., STE. 700</b>	STREET ADDRESS	<b>48 East Flager St. Suite 368</b>
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Paul Rosen****2/28/01****305-981-0311**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)