

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90203 040 \*\*\*158.75

**DOCUMENT # P99000087403**



1. Entity Name  
**WESTIL MORTGAGE CO., INC.**

Principal Place of Business  
**13132 W DIXIE HWY  
NORTH MIAMI FL 33161**

Mailing Address  
**13132 W DIXIE HWY  
NORTH MIAMI FL 33161**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1 N.E. FIRST ST**

3. Mailing Address

**1 N.E. FIRST STREET**

Suite, Apt. #, etc.

**Suite # 700**

Suite, Apt. #, etc.

**700**

City & State

**Miami FL**

City & State

**Miami, Florida**

4. FEI Number

**52-2197274**

Applied For

Not Applicable

Zip

**33132**

Country

**DADE**

Zip

**33132**

Country

**DADE**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, PAUL**

**13132 W DIXIE HWY**

**NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>ROSEN, PAUL</b>                   |                                 |
| STREET ADDRESS | <b>13132 W DIXIE HIGHWAY</b>         |                                 |
| CITY-ST-ZIP    | <b>NORTH MIAMI FL 33161</b>          |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>ROSEN, WENDI</b>                  |                                 |
| STREET ADDRESS | <b>48 E FLAGLER STREET SUITE 368</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33131</b>                |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)