

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098611

1. Entity Name

UNITED EASTERN MORTGAGE CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90135 036 ***150.00

Principal Place of Business 1100 N.E. 125TH STREET SUITE #207 MIAMI FL 33161	Mailing Address 1100 N.E. 125TH STREET SUITE #207 MIAMI FL 33161-5046
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2. Principal Place of Business same	3. Mailing Address same
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 52-2201707	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSEMOND, SERGE
1100 N.E. 125TH STREET
SUITE #207
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name none
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.

SIGNATURE none none
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMOND, SERGE 1100 N.E. 125TH STREET, SUITE #207 MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	none	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	none	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	none	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	none	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
none	<input type="checkbox"/> Change <input type="checkbox"/> Addition
none	<input type="checkbox"/> Change <input type="checkbox"/> Addition
none	<input type="checkbox"/> Change <input type="checkbox"/> Addition
none	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, who all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000 305 899-7200
Date Daytime Phone #