

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90059 034 ***150.00

DOCUMENT # P99000098611

1. Entity Name

UNITED EASTERN MORTGAGE CORPORATION



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**



2. Principal Place of Business

1100 NE 125 Street

3. Mailing Address

1100 NE 125 Street

Suite, Apt. #, etc.

Suite # 107

Suite, Apt. #, etc.

Suite # 107

City & State

N.Miami, Florida

City & State

N.Miami, Florida

4. FEI Number

52-2201707

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip
33161

Country

U.S.A.

Zip
33161

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

SERGE ROSEMOND

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

1100 NE 125 Street

Suite # 107

City

Miami, Fl

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. 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

TITLE **D** ☐ Delete
NAME **ROSEMOND, SERGE**
STREET ADDRESS **1100 N.E. 125TH STREET, SUITE #207**
CITY-ST-ZIP **MIAMI FL 33161**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SERGE ROSEMOND 4-24/03 305 899-7200

CR2E034 (10/02)