

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101048

1. Entity Name

ORION MORTGAGE & INVESTMENTS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90004 032 ***150.00

Principal Place of Business

Mailing Address

1320 SOUTH DIXIE HIGHWAY
 MIAMI FL 33146

1320 SOUTH DIXIE HIGHWAY
 MIAMI FL 33146-2926

2. Principal Place of Business

3. Mailing Address

8924 S.W. 177 TR

8924 S.W. 177 TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

M. AMI FL

MIAMI FL

4. FEI Number

Applied For

Zip 33157

Country

Zip 33157

Country

65-0962335

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

EVANS, ERROL M
 1320 SOUTH DIXIE HIGHWAY
 SUITE 264
 MIAMI FL 33146

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
 NAME D
 STREET ADDRESS EVANS, ERROL M
 CITY-ST-ZIP 1320 SOUTH DIXIE HIGHWAY SUITE 264
 MIAMI FL 33146

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS EVANS, SANDRA
 CITY-ST-ZIP 1320 SOUTH DIXIE HIGHWAY SUITE 264
 MIAMI FL 33146

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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: ERROL M. EVANS 7 Feb '00 238-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)