

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-08-2000 90005 040 ***550.00

DOCUMENT # P99000103714

1. Entity Name

ONEWORLD MORTGAGE, CORP.

Principal Place of Business

2699 COLLINS AVENUE
SUITE 131
MIAMI BEACH FL 33140

Mailing Address

2699 COLLINS AVENUE
SUITE 131
MIAMI BEACH FL 33140

2. Principal Place of Business

1247 Alton Rd
Suite, Apt. #, etc.
Miami Beach

3. Mailing Address

1247 Alton Rd
Suite, Apt. #, etc.
Miami Beach

City & State

FL

Zip

33139

Country

USA

City & State

FL

Zip

33139

Country

USA

4. FEI Number

650977990

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, NORMA J
2699 COLLINS AVENUE
SUITE 131
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: Norma Jorge Guerra
Street Address (P.O. Box Number is Not Acceptable):
1247 Alton Rd.
City: Miami Beach FL Zip Code: 33139

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: Norma Jorge Guerra
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 7-28-00

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	PD	<input type="checkbox"/> Delete
NAME	GUERRA, NORMA J	
STREET ADDRESS	2699 COLLINS AVENUE SUITE 131	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GUERRA-ECHT, LINETTE	
STREET ADDRESS	2699 COLLINS AVENUE SUITE 131	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-00 305 6720773

Date

Daytime Phone #

CR2E034 (9/99)