2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000109119** May 24, 2000 8:00 am INTERNATIONAL LANDMARK MORTGAGE CORP. Secretary of State 05-24-2000 90195 011 ***150.00 Principal Place of Business Mailing Address 3750 WEST 167H AVENUE 3750 WEST JOTH AVENUE CHANGED STE 126U STE 126U HIALEAH/FL 33012 HIALEAM FL \$3012 2. Principal Place of Business 3. Mailing Address T2 HT8 7525 N.W. ETH ST 7525 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. STE - 709 SLE - 909 Applied For City & State City & State MIAMI Not Applicable MIRMI \$8.75 Additional Country 5. Certificate of Status Desired 33126 Fee Required 3312 (U.S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRAGA FRANK Street Address (P.O. Box Number is Not Acceptable) URAGA, FRANK 3750-WEST-10TH AVENUE STE-126U 57E - 203 HIALEAH FL 33012 MIAMI 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. FRANK URAGA <u> </u> (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registr if apolicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE URAGA FRANK 7525 N.W. &THST. STE 202 TITLE NAME URAGA, FRANK STREET ADDRESS STREET ADDRESS 3750 WEST-16TH AVENUE STE-126U MIAMI FL. CITY-ST-ZIP CITY-ST-ZIP HIALEAH-FE-33012 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP ... CITY-ST-21P-☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FRANK URABA-D4

-D42700

305-265-6163

Daytime Phone #