

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S72809

FILED
Apr 10, 2003
Secretary of State

Entity Name: COUNTY TRUST MORTGAGE BANKERS CORP.

Current Principal Place of Business:

11430 N KENDALL DR
SUITE 300
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11430 N KENDALL DR
SUITE 300
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0276605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOMAT, HECTOR
11430 N. KENDALL DRIVE
SUITE 300
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHOMAT, HECTOR,
Address: 11430 N. KENDALL DRIVE #300
City-St-Zip: MIAMI, FL 33176

Title: DV () Delete
Name: CHOMAT, ELSA M
Address: 11430 N KENDALL DRIVE, 300
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Delete
Name: ITURRIOZ, VIRGINIA
Address: 11430 N. KENDALL DR., #300
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR CHOMAT

PD

04/10/2003

Electronic Signature of Signing Officer or Director

Date