

FILED

Apr 27, 2000 8:00 am  
Secretary of State

01-24-2000 90099 009 \*\*\*150.00

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S74112

Entity Name

REPUBLIC MORTGAGE CORP.

Principal Place of Business

Mailing Address

SW 2 ST  
FL 33134~~5300 SW 2 ST~~  
~~MIAMI FL 33134-1106~~~~80000202~~

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

PO Box 44 1924

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

MIAMI FL

4. FEI Number

65-0281771

Applied For  
Not Applicable

Zip

Country

Zip

Country

33144-1924

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

FERNANDEZ, EUGENIO M.

~~5300 SW 2 ST~~~~MIAMI FL 33134~~

Name

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

5300 SW 2 ST

City

MIAMI FL

FL

Zip Code

33134-1106

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-2000

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PST  
FERNANDEZ, EUGENIO M.  
5300 SW 2 ST  
MIAMI FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionD  
FERNANDEZ, EUGENIO M.  
5300 SW 2 ST  
MIAMI FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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

Date

Daytime Phone #

1-14-2000 305-443-1482

CR2E034 (9/99)