2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81363

1. Entity Name

THE MORTGAGE CAPITAL OF AMERICA, INC.

Principal Place of Business	Mailing Address
4200 NW 16TH ST SUITE 303 LAUDERHILL FL 33313 US	4200 NW 16TH ST SUITE 303 LAUDERHILL FL 33313-5835 US

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
AS IN-1	AS IN #1	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SAME	SAME

City & State	City & State	4. FEI Number 65-0284182	Applied For / Not Applicable
Same	SAME		

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
SAME	Broward	33213	Broward		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHARPE, NEVILLE 4200 NW 16TH ST SUITE 303 LAUDERHILL FL 33313	Name ___ Street Address (P.O. Box Number is Not Acceptable) N/A 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 _____

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

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	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SHARPE, NEVILLE A.		NAME			
STREET ADDRESS	10609 LAGO WELLEBY DR		STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GARTHA SHA, MARIE B		NAME			
STREET ADDRESS	10609 LARGO WELLERY DRIVE		STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33351		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			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: _____ NEVILLE A. SHARPE 01/06/2100 954-735-3006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #