

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0227288
AV

DOCUMENT # S94110

1. Entity Name
ALL IN ONE MORTGAGE COMPANY



FILED

03 JUN 18 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
299 ALHAMBRA CIR
STE 316
CORAL GABLES FL 33134
US

Mailing Address
299 ALHAMBRA CIR
STE 316
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0298446

Applied For

Not Applicable

Zip Country

Zip Country

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

RODRIGUEZ, ELIO M
299 ALHAMBRA CIRCLE #316
% ALL-IN-ONE MORTGAGE COMPANY
CORAL GABLES FL 33134

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ELIO M.	
STREET ADDRESS	299 ALHAMBRA CIR #316	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

06-12-03 305-443-0096
Date Daytime Phone #

CR2E034 (10/02)

Attachment Lo# 894110

**ALL-IN-ONE-MORTGAGE CO.
COAST TO COAST REALTY, INC.
CTC. DEVELOPMENT GROUP, INC.**

299 ALHAMBRA CIRCLE
SUITE # 316
CORAL GABLES, FL. 33134

Phone 305-443-0096
Fax 305-441-7184

June 12, 2003

Florida Department Of State
Division Of Corporation
P.O. Box 6327
Tallahassee, Florida

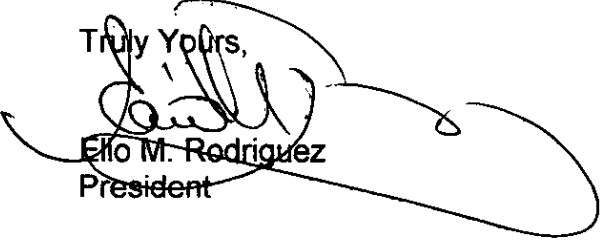
Re : Uniform Business Report

To Whom It May Concern,

Enclosed please find the three filing for the subject corporation. I kindly request that the late fees be taken into consideration by the state, due to the fact that I was hospitalized in rehabilitation for the last eight months from an accident that nearly took my life.

In view of the circumstance, I am grateful to God that I am still alive. Since October 2002, I have been disabled and have had very little income. These late fee's shall put me out of business. If the state requires I can document these circumstance.

Truly Yours,



Elio M. Rodriguez
President

cc.File