

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S 94372**

1. Entity Name

EAST COAST Mortgage Corp.

AMENDMENT UBR

02 OCT 15 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9981 SW 40 St.

Suite, Apt. #, etc.

3. Mailing Address

9981 SW 40 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

4. FEE Number

65-0298877

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

Zip

33165

Country

U.S.A.

Zip

33165

Comments

None

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Michelle Hernandez

Street Address (P.O. Box Number is not acceptable)

8775 SW 52 Street

City

MIAMI

FL

Zip Code

33165

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 necessary)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing First Fund Contribution

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

President
Aida GONZALEZ
9981 SW 40 Street
Miami, FL 33165

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STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with another like empowered.

SIGNATURE:

Aida Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

10/7/02 (305) 480-8855

Date

Telephone Number

CR2E034B (12/01)

25 10/15/02