

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01719

1. Entity Name

UNITED MORTGAGE INVESTORS, INCORPORATED

Principal Place of Business

10625 N KENDALL DR  
MIAMI FL 33176  
US

Mailing Address

7700 N KENDALL DRIVE  
200  
MIAMI FL 33156-7578  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0301289

Applied For

Not Applicable

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

GREEN, ELIZABETH A.  
7700 N. KENDALL DRIVE  
SUITE 200  
MIAMI FL 33156

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GREEN, ROBERT B	7700 N. KENDALL DRIVE - SUITE 200	MIAMI FL	<input type="checkbox"/>
SD	GREEN, ELIZABETH A.	7700 N. KENDALL DRIVE, SUITE 200	MIAMI FL	<input type="checkbox"/>
EV	STAFFORD, DEBRA K.	7700 N. KENDALL DRIVE, SUITE 200	MIAMI FL	<input type="checkbox"/>
AV	LYNCH, DIANE M	7700 N. KENDALL DRIVE, SUITE 200	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 another like empowered.

SIGNATURE:

**NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/2000

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90094 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)