

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01719

1. Entity Name

UNITED MORTGAGE INVESTORS, INCORPORATED

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91219 016 ***150.00

Principal Place of Business

10625 N KENDALL DR
 MIAMI FL 33176
 US

Mailing Address

7700 N KENDALL DRIVE
 200
 MIAMI FL 33156
 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, 2001 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 PD
 NAME GREEN, ROBERT B
 STREET ADDRESS 7700 N. KENDALL DRIVE - SUITE 200
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME GREEN, ELIZABETH A.
 STREET ADDRESS 7700 N. KENDALL DRIVE, SUITE 200
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE EVP
 NAME STAFFORD, DEBRA K.
 STREET ADDRESS 7700 N. KENDALL DRIVE, SUITE 200
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AV
 NAME LYNCH, DIANE M
 STREET ADDRESS 7700 N. KENDALL DRIVE, SUITE 200
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 305-279-6600

CR2E034 (10/00)