## **2003 FOR PROFIT CORPORATION**

Mailing Address 9155 SOUTH DADELAND BLVD

3. Mailing Address 10625 N. Kendall Dr.

STE 1812

US

MIAMI FL 33156

## UNIFORM BUSINESS REPORT (UBR)

V01719 **DOCUMENT #** 

Principal Place of Business 10625 N KENDALL DR MIAMI FL 33176

2. Principal Place of Business

Suite, Apt. #, etc.

US

UNITED MORTGAGE INVESTORS, INCORPORATED



## EII ED

	May 01, 2 Secretar 05-01-2003 90	200 ry 0822 0	03 8:00 am s of State 012 ***150.00					
	CHECK HERE IF	MAKII	NG CHANGES					
4.	FEI Number 65-0301289		Applied For					
		-	Not Applicable					
5.	Certificate of Status Desired		\$8.75 Additional Fee Required					
7,	Name and Address of New Reg	istere	d Agent					
	<del></del> <del></del>							

City & Stat	re	City & State . F	_	<b>4.</b> F	El Number <b>65-0301289</b>			plied For of Applicable					
Zip	Country	33176	Country	<b>5.</b> C	Certificate of Status Desired		.75 Add	litional					
<u> </u>	6. Name and Address of Current Re	<del>- 1</del>	7. Name and Address of New Registered Agent										
		Name	Name										
GREEN, E	Lizabeth A.												
9155 SOUTH DADELAND BLVD				Street Address (P.O. Box Number is Not Acceptable)									
STE 1812													
MIAMI FL	33156		City			FL	Zip Code	9					
8. The above	named entity submits this statement for t	he purpose of changing its re	egistered office or	registered age	ent, or both, in the State of Floric	da. I am fami	liar with,	and accept					
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													
F	ILE NOW!!! FEE IS \$150.00				Clastica Compaign Finan	alaa.	<b>#F 0</b>	<b>.</b>					
Aftei	r May 1, 2003 Fee will be \$550.00			<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>			<b>0</b> May Be to Fees						
Make Check	k Payable to Florida Department of S	State			Traditional delicities	_	Addod	1.0 1 000					
10.	S OFFICERS AND DI	RECTORS	11.		DITIONS/CHANGES TO OFFICE	ERS AND DIF	RECTORS	3 IN 11					
TITLE	PD	☐ Delete	TITLE	Preside	NT.		Change	Addition					
NAME	GREEN, ROBERT B	_ \$6.66	NAME	cocen.	Robert.B.								
STREET ADDRESS	STREET ADDRESS 9155 SOUTH DADELAND BLVD STE 1812 STR			TADDRESS (OFCEN, Robert B. 10625 N. Kendal) Dr.									
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	Miam	1, FL 33176								
TITLÉ	SD	□ Delete	TITLE	<u> </u>	110000		Change	Addition					
NAME	GREEN, ELIZABETH A.	C boloto	NAME	i		_	onange						
ALEE COLUMN DANELAND DIAM ATT 1414			STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP					ĺ					
TITLE	-EVP	- Delete	TITLE	EVP.			Change	Addition					
NAME	STAFFORD, DEBRA K.	- L.J Uelete	NAME	JACCOSA	b. Kendall Or.	<b>12</b>	-manyc	Addition					
STREET ADDRESS	9155 SOUTH DADELAND BLVD ST	F 1912	STREET ADDRESS	10625	O. Kendall Or.								
CITY-ST-ZIP	MIAMI FL 33156	L 1012	CITY-ST-ZIP	Miam				ì					
	AV			1001 00 11	11/10/50/1/W		4.						
TITLE	J * *	☐ Delete	TITLE	Lynch, Di	une M		<b>C</b> hange	Addition					
NAME	LYNCH, DIANE M   9155 SOUTH DADELAND BLVD ST	E 1010	NAME	160 20	N. Kendall Dr.			ŀ					
STREET ADORESS CITY-ST-ZIP	MIAMI FL 33156	E 1012	STREET ADORESS CITY+ST-ZIP			1_,							
				Miam	1/ 10 2217	<u> </u>							
TITLE	AV	☐ Delete	TITLE	AND	lacto	<b>/</b> 2*	<b>C</b> hange	Addition					
NAME	ROMAN, MARIA	E 1010	NAME	Koman	N. Rendall Dr.								
STREET ADDRESS	9155 SOUTH DADELAND BLVD ST	E 1812		しいカチン	$C_{1}$								
CITY-ST-ZIP	MIAMI FL 33156	- <del>* -</del>	CITY-ST-ZIP	Miam.	,FL 33176								
TITLE		☐ Delete	TITLE		,		Change	☐ Addition					
NAME			NAME										

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 accordate 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 the region 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 simple red.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATIVIVE TUE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03

279-6600