

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V44278**

1. Entity Name

**INSTITUTIONAL MORTGAGES, INC.****FILED****Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90037 004 \*\*\*150.00

B0034337



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
730 NW 107 AVENUE  
MIAMI FL 33172

Mailing Address  
700 N.W. 107 AVE.  
MIAMI FL 33172-3161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0344327

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

MCCAIN, DAVID B., ESQ.  
700 N.W. 107 AVE.  
MIAMI FL 33172

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
AS	IRVINE, PATRICIA	730 NW 107 AVENUE	MIAMI FL 33172	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	REED, LINDA	700 N.W. 107TH AVENUE	MIAMI FL 33172	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	KAMINSKY, NANCY	700 N.W. 107TH AVENUE	MIAMI FL 33172	<input type="checkbox"/>	DV AS				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VS	MODIST, DEBRA	730 NW 107 AVENUE	MIAMI FL 33172	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DP	PEKOR, ALLAN J.	700 NW 107 AVE	MIAMI FL 33172	<input type="checkbox"/>	DPC				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VT	MUNOZ, JANICE	700 N.W. 107TH AVENUE	MIAMI FL 33172	<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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)