

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90118 045 ***150.00

DOCUMENT # V44278

1. Entity Name

INSTITUTIONAL MORTGAGES, INC.



DO NOT WRITE IN THIS SPACE

11028856

2. Principal Place of Business

700 NW 107 Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Miami FL

Zip

33172

Country

USA

3. Mailing Address

700 NW 107 Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Miami FL

Zip

33172

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0344327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

David B. McCain, Esq.

Street Address (P.O. Box Number is Not Acceptable)

700 NW 107 Avenue

Miami FL 33172

City

Miami

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCEO David B. McCain 700 NW 107 Avenue, Ste. 300 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV Allan J. Pekar 700 NW 107 Avenue, Ste. 300 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Linda Reed 700 NW 107 Avenue, Ste. 300 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Janice Munoz 700 NW 107 Avenue, Ste. 300 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ed Johnson 700 NW 107 Avenue, Ste. 300 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS Nancy Kaminsky 700 NW 107 Avenue, Ste. 300 Miami FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL

**Ed Johnson
Vice President**

4/28/03

(305) 229-6400

Daytime Phone #

CR2E034B (12/02)