

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 651597

1. Entity Name

**MORTGAGE GROUP OF AMERICA, INC.**

Principal Place of Business  
 2300 Coral Way  
 Suite # 200  
 Miami, Fl 33145

Mailing Address  
 2300 Coral Way  
 Suite # 200  
 Miami, Fl 33145

2. Principal Place of Business  
 2300 Coral Way  
 Suite, Apt. #, etc.  
**Suite # 200**  
 City & State  
**Miami, Florida**  
 Zip  
**33145**

Country  
**US**

3. Mailing Address  
 2300 Coral Way  
 Suite, Apt. #, etc.  
**Suite # 200**  
 City & State  
**Miami, Florida**  
 Zip  
**33145**

Country  
**US**

**FILED**  
**02 APR 29 PM 2:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-1961501**


Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES, INC.**  
 2300 Coral Way  
 Suite 200  
 Miami, Fl 33145

7. Name and Address of New Registered Agent  
 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  **AMADA CANTERA LOPEZ, President** DATE **4/26/02**

Signature: Word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GAVCOVICH, ABRAM 5220 La Gorce Dr Miami Beach, Fl 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GAVCOVICH, MARTA 5220 La Gorce Dr Miami Beach, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>100005452161--1</b> -05/06/02--01019--017 ****150.00 ****150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Amada*

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:  DATE: **4/26/02** Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)