


05-02-2003 90746 032 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P97000049941</b>				
1. Entity Name <b>HTG COMMERCIAL GROUP, INC.</b>				
Principal Place of Business 3225 AVIATION AVE 700 COCONUT GROVE, FL 33133		Mailing Address 3225 AVIATION AVE 700 COCONUT GROVE, FL 33133		
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 <b>65-0778367</b>
				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
MARCUS, STEWART 3225 AVIATION AVE STE 700 COCONUT GROVE, FL 33133		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when executing)</small>				
FILING FEE IS \$150.00 AFTER MAY 1, 2003 FEE WILL BE \$150.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCUS, STEWART	NAME		
STREET ADDRESS	3225 AVIATION AVE, STE 700	STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHACKLETON, NICHOLAS J	NAME		
STREET ADDRESS	3225 AVIATION AVE, STE 700	STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>CASSEL, KENNETH G</del>	NAME		
STREET ADDRESS	<del>3225 AVIATION AVE, STE 700</del>	STREET ADDRESS		
CITY-ST-ZIP	<del>COCONUT GROVE, FL 33133</del>	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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 Block 11 if changed, or on an attachment to an address, with all other like empowered.				
SIGNATURE: _____ DATE: <b>4/28/03</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

**90123319**



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)