2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 651597 1. Entity Name								TIL SEURETARY	ED OF STA	15			
MORT	MORTGAGE GROUP OF AMERICA, INC.							SECRETARY OF STATE DIVISION OF CORPORATIONS					
								OI MAY - 1 PM 3: 11					
Principal Plac		Mailing Address			}								
	Coral e 200	. way	2300 Coral Way Suite 200										
	i, F1	33145		Miami, Fl 33145									
2. Principal Place of Susiness			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Numb	per 961501			Applied For		
Zip	Country		Zip Coun		ntry			e of Status Desired		8.75 Ac	dditional		
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	legistered A	gent]	
FLOR	NUAL REPORT	Name											
	Coral		DERVICED, IN	Street Address (P.O. Box Number is Not Acceptable)							7		
Suite 200												-	
MIma:	i, Fl	33145		City					Zip Cod		-		
		A		<u></u>				FL	Zip 000				
8. The above partied entity sponits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.													
-151/b													
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	CANTE d Agent signatu	re required w	hen reinstating)	President	DATE /	/ /			
, 9. This corpo	ora <u>tion is elig</u> i	bie to satisfy its Intangible	I FEE	IS \$150.0	00	10 5	ection Campaign Fin	ancina			7		
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 200			l Tri	ust Fund Contribution	~ —		00 May Be ed to Fees			
11.	na on back)	OFFICERS AND D	Make Check Payab	12.	<u> </u>	or State		CHANGES TO OFF	ICEDS AND I	DIDECTOR	OS IN 11	4	
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NAME	GAVCO	VICH, ABRAM		NAM	- '			→U5/U4 ※※※※1!	/0101	U3 { ~~. ***** 1 !		15	
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NAME			C Delete	NAME	Į.					☐ Change	☐ Addition		
STREET ADDRESS					ET ADDRESS								
CITY-ST-ZIP	artifu that the	information supplied with	sic filing does not such for		-ST-ZIP	od in Sart	ion 110 07/01	(i) Florido Statuto	formation and a service	h. #la=1 *! 1	informati	1	
indicated	on this report	information supplied with tor supplemental reports to e receiver or truspe en orth	rue and accurate and that m	we exer y signat	ure shall ha and by Char	eu in sect ave the sa	iori i 19.07(3)(me legal effec Florida Statuto	ij, riorida Statutes. I et as if made under c es: and that my nome	nurmer certito ath; that I am	y that the i i an officer	urormation f or director		
indicated on this report or supplemental reports 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 endowered by the 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 an officer or director.													
SIGNAT	URF'*	The same	//				4	123/01					
JIOHAI	J. (L.	SIGNATURE AND THE OF PRI	NTED WAME OF SIGNING OFFICER O	R DIRECT	OR			TANG -	Day	time Phone #			