

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0254856 AV

DOCUMENT # 651597

1. Entity Name
MORTGAGE GROUP OF AMERICA, INC.



FILED

03 APR -9 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2300 CORAL WAY
SUITE 200
MIAMI FL 33145-3511
US

Mailing Address
2300 CORAL WAY
SUITE 200
MIAMI FL 33145-3511
US

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 59-1961501

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

AMADA CANTERA LOPEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / PSD ☐ Delete
NAME GAVCOVICH, ABRAM
STREET ADDRESS 5220 LA CORCE DR
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME 100015870201
STREET ADDRESS 04/15/03--01002--012 **150.00
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME GAVCOVICH, MARTA
STREET ADDRESS 5220 LA CORCE DR
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)