

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002064

1. Entity Name

MORTGAGE C2, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business

222 Lakeview Avenue  
17<sup>th</sup> Floor  
West Palm Beach, FL 33401

Mailing Address

222 Lakeview Avenue  
17<sup>th</sup> Floor  
West Palm Beach, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0982676

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Regserv Corp.  
222 Lakeview Avenue  
17<sup>th</sup> Floor  
West Palm Beach

33401

Name

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

City

FL

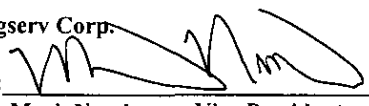
Zip Code

8. The above

Regserv Corp.

ing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

By:   
Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

9. Capital Contributions  
as Shown on record.

1,000

10. Amount of Capital Contributions  
in FLORIDA to date.

1,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000106976  
NAME Mortgage C2 Corporation  
STREET ADDRESS 222 Lakeview Avenue, 17th Floor  
CITY-ST-ZIP West Palm Beach, FL 33401

STREET ADDRESS

CITY-ST-ZIP

000003283810--4

06/09/00-01115-025

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Patrick J. DiSalvo, Vice President of General Partner

4/27/00

Date

(561) 655-9008

Daytime Phone #

CR2E003 (9/99)