

2001 UNIFORM BUSINESS REPORT (UBR)

0020507 SP

DOCUMENT # **A99000002064**

1. Entity Name

MORTGAGE C2, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 16 PM 1:16

Principal Place of Business
**222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401**

Mailing Address
**222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

MJH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP.
222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401**

**REGSERV CORP.
Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410**

FL Zip Code

8. By: **REGSERV CORP.**

By: *[Signature]*

SIGN **Lawrence B. Juran, President**

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

Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,495,755.57

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 **Gardens Corporate Center**
CITY-ST-ZIP **3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick J. DiSalvo
Vice President

2/7/01
Date

(561) 630-5055
Daytime Phone #

CR2E003 (11/00)