

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90234 045 ***150.00

DOCUMENT # F00000002225

1. Entity Name

THE MIDWEST MORTGAGE EXCHANGE, INC.

Principal Place of Business

ONE TRANS AM PLAZA - SUITE 550
OAK BROOK TERRACE IL 60181

Mailing Address

ONE TRANS AM PLAZA - SUITE 550
OAK BROOK TERRACE IL 60181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3895801

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

ANTONIC, GLENN P
16418 MILLSTONE CIRCLE #201
FORT MYERS FL 33908

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ALDEGUER, JOSEPH
ONE TRANS AM PLAZA - SUITE 550
OAK BROOK TERRACE IL 60181 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0145/61 SP

CR2E034 (5/01)

Attachment

Doc # F00000002225-

773906

THE MORTGAGE EXCHANGE

One TransAm Plaza Drive Suite 550 Oakbrook Terrace, Illinois 60181 Office (630) 261-8040 Fax (630) 261-8050

Dear Sir,

We are in receipt of this document UBR however we never received the first notice of mailing in January of 2001. Enclosed is our check for the \$150.00 fee. Please feel free to call me with any questions at 630-268-4277.

Sincerely,

Joseph Aldeguer

