

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G27941

1. Entity Name

MCALOON MORTGAGE COMPANY, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90016 034 \*\*\*158.75

Principal Place of Business

Mailing Address

6565 TAFT ST SUITE 100  
HOLLYWOOD FL 33024-1008

6565 TAFT ST SUITE 100  
HOLLYWOOD FL 33024-5271

2. Principal Place of Business

3. Mailing Address

7750 Taft St

7750 Taft St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pembroke Pines

Pembroke Pines

Zip

Country

Zip

Country

33024

Broward

33024

Broward

4. FEI Number

59-2286488

Applied For

Not Applicable

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

MCALOON, MATTHEW  
6565 TAFT ST., SUITE 100  
HOLLYWOOD 33024

Name

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

7750 Taft St

City

Pembroke Pines

FL

Zip Code

33024

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

*Matthew McAloon*  
Signature, typed or printed name of registered agent and title if applicable

*AS President*  
(NOTE: Registered Agent signature required when reissuing)

*2/14/00*  
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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PD MCALOON, MATTHEW M. 680 E PLANTATION CIRCLE PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DALLAL, MARK 3132 JACKSON AVE MIAMI FL 31332	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, KAREN 1530 N 71 TERR HOLLYWOOD FL 3	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCLACORN, LAURN 680 E POINCIANNA CIR PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLABE, BRETT 2422 NW 186 AVE PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARON, LANE 4165 FOREST HILL DR COOPER CITY FL 33026	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

*Matthew McAloon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*AS President*

Date

2/14/00

Daytime Phone #

954-985-8811

CR2E034 (9/99)