

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-23-2000 90016 034 ***158.75

DOCUMENT # G27941

1. Entity Name
MCALOON MORTGAGE COMPANY, INC.

Principal Place of Business Mailing Address
6565 TAFT ST SUITE 100 **6565 TAFT ST SUITE 100**
HOLLYWOOD FL 33024-1008 **HOLLYWOOD FL 33024-5271**

2. Principal Place of Business 3. Mailing Address
7750 Taft St **7750 Taft St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pembroke Pines **Pembroke Pines**
 Zip Country Zip Country
33024 **Broward** **33024** **Broward**

4. FEI Number Applied For
59-2286488 Not Applicable

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

6. Name and Address of Current Registered Agent
MCALOON, MATTHEW
6565 TAFT ST., SUITE 100
HOLLYWOOD 33024

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7750 Taft St
 City State Zip Code
Pembroke Pines **FL** **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 *[Signature]* *[Signature]* *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) 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	PD MCALOON, MATTHEW M.	<input type="checkbox"/> Delete
STREET ADDRESS	680 E PLANTATION CIRCLE	
CITY-ST-ZIP	PLANTATION FL	
TITLE NAME	VPD DALLAL, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3132 JACKSON AVE	
CITY-ST-ZIP	MIAMI FL 31332	
TITLE NAME	SD LEWIS, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	1530 N 71 TERR	
CITY-ST-ZIP	HOLLYWOOD FL 3	
TITLE NAME	VPD MCLACORN, LAURN	<input type="checkbox"/> Delete
STREET ADDRESS	680 E POINCIANNA CIR	
CITY-ST-ZIP	PLANTATION FL	
TITLE NAME	VP SLABE, BRETT	<input type="checkbox"/> Delete
STREET ADDRESS	2422 NW 186 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE NAME	VP BARON, LANE	<input type="checkbox"/> Delete
STREET ADDRESS	4165 FOREST HILL DR	
CITY-ST-ZIP	COOPER CITY FL 33026	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	UPD LAURN MCLACORN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	680 E PLANTATION CIRCLE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE NAME	VP SLABE, BRETT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3500 S.W. 185 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE NAME	VP BARON, LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2374 N.W. 188 TERR.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	

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]* *[Signature]* *[Signature]* **IAS PRESIDENT** **2/14/00** **954-985-8811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)