

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90099 050 ***158.75

DOCUMENT # G27941

1. Entity Name

MCALOON MORTGAGE COMPANY, INC.

Principal Place of Business

~~6565 TAFT ST SUITE 100~~
~~HOLLYWOOD FL 33024-1000~~

Mailing Address

~~6565 TAFT ST SUITE 400~~
~~HOLLYWOOD FL 33024-1000~~

2. Principal Place of Business

7750 Taft St
 Suite, Apt. #, etc.

3. Mailing Address

7750 Taft St.
 Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

Broward

Zip

33024

Country

Broward

6. Name and Address of Current Registered Agent

MCALOON, MATTHEW
~~6565 TAFT ST., SUITE 400~~
~~HOLLYWOOD FL 33024~~

7. Name and Address of New Registered Agent

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* **MATTHEW MCALOON** 4/27/01
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 \$150.00
After MAY 1, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP D Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALOON, LAURN	
STREET ADDRESS	680 E PLANTATION CIR	
CITY - ST - ZIP	PLANTATION, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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* **MATTHEW MCALOON** 4/27/01 954-985-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)