

002473

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # M46705**

**1. Entity Name  
COMMONWEALTH MORTGAGE CORPORATION-INTERNATIONAL**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -5 PM 1:00

**Principal Place of Business**  
1925 N.E. 45TH STREET  
STE. 234  
FT. LAUDERDALE FL 33308

**Mailing Address**  
1925 N.E. 45TH STREET  
STE. 234  
FT. LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0044461</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>VOCE, A.G. SIGMUND</b> 1925 N.E. 45TH STREET STE. 234 FT. LAUDERDALE FL 33308				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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	<b>P</b> <b>JACKSON, RONALD J</b> 1925 N.E. 45TH ST., STE. 234 FT. LAUDERDALE FL 33308	<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	<b>D</b> <b>VOCE, PEARL T</b> 1925 N.E. 45TH ST., STE. 234 FT. LAUDERDALE FL 33308	<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	<b>T</b> <b>VOCE, AG SIGMUND</b> 381 N.W. 33TH STREET FT. LAUDERDALE FL 33309	<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	<b>D</b> <b>VOCE, MICHAEL C.G.</b> 1925 N.E. 45TH STREET, ATE 234 FT. LAUDERDALE FL 33308	<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	<b>D</b> <b>FENDERSON, CHARLES A</b> 1925 N.E. 45TH ST., STE. 234 FORT LAUDERDALE FL 33308	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 19.07(3)(b), 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 by me; 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

CR2E004 (5/01)



attachment  
M 46705 B00642K

**COMMONWEALTH MORTGAGE CORPORATION INTERNATIONAL**

Telephone:  
(954) 566-2707 / 2708  
Fax: (954) 565-6793

Mailing Address:  
Box 8002  
Fort Lauderdale, FL 33310

August 27, 2001

State of Florida  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Commonwealth Mortgage Corp. International Inc., FEI Number is 65-044461

To Whom It May Concern:

Please find enclosed is a money order in the amount of \$150.00 for the reinstatement of my mortgage brokerage business corporation Commonwealth Mortgage Corp. International Inc. whose FEI Number is 65-044461.

Kindly consider me for a waiver due to the fact that I did not receive any notification except this one, which I am complying with.

Please send me a confirmation of my corporation's reinstatement to the address stated below:

**C/O Commonwealth Mortgage Corp. International Inc.  
P.O. BOX 8002  
FT. LAUDERDALE, FL 33310**

If there are any questions or concerns regarding this matter, please contact me at (954) 566-2707 or (954) 566-2708.

Sincerely,

Mr. Ronald Jackson, President  
For Commonwealth Mortgage  
RJ

Executive Office: 1925 N.E. 45 St., Suite 234 • Fort Lauderdale, FL 33308

*GOD DIRECTS OUR BUSINESS*