

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99313**

1. Entity Name

**FINANCIAL BUSINESS GROUP, INC.**

Principal Place of Business

254 W STATE RD #434  
LONGWOOD FL 32750  
US

Mailing Address

C/O THOMAS R. WHYTE  
P O BOX 521667  
LONGWOOD FL 32752

2. Principal Place of Business

11762 N. KENDALL DR.

Suite, Apt. #, etc.

Suite 177

City & State

MIAMI FL

Zip

33186

Country

DADE

3. Mailing Address

11762 N. KENDALL DR.

Suite, Apt. #, etc.

Suite 177

City & State

MIAMI FL

Zip

33186

Country

DADE

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90019 016 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0072480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORREA, VINCENT  
11762 N KENDALL DR  
SUITE 177  
MIAMI FL 33186

7. Name and Address of New Registered Agent

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 13, 2000 Min. 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

TITLE **D** ☒ Delete  
NAME **WHYTE, THOMAS R.**  
STREET ADDRESS **1539 GRACE LAKE CIRCLE**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **VINCENT CORREA**  
STREET ADDRESS **11762 N. KENDALL DR. #177**  
CITY-ST-ZIP **MIAMI, FL 33186**

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

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

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

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

TITLE ☐ Change ☐ 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:

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

**VINCENT CORREA** 9/18/00 305-242-5778  
Date Daytime Phone #

CR2E034 (5/00)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

Attachment # M99313

9/11

A0078090

To whom it  
may concern:

I have moved  
from this location  
for yr - I don't know what  
happened - However I just received the  
folloes on my desk in Miami - late Friday -  
I am waiting, today Monday - please correct  
all prior address in documents

TO: 0015607 AF \*\*AUTO 1 1297 32750-511454  
M99313  
FINANCIAL BUSINESS GROUP, INC.  
254 N STATE ROAD 434  
LONGMOOD FL 32750-5114

Thank you for