

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-04-2001 90115 011 ***150.00

DOCUMENT # P00000017773

1. Entity Name

AVALON MORTGAGE GROUP INC.

Principal Place of Business

6474 VIA ROSA
BOCA RATON FL 33433

Mailing Address

6474 VIA ROSA
BOCA RATON FL 33433

A0042340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1451 W. CYPRESS CREEK RD
Suite, Apt. #, etc.
300

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0986455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLATT, GAIL S
6474 VIA ROSA
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
MARSHALL GLATT
Street Address (P.O. Box Number is Not Acceptable)
6474 VIA ROSA

FL Zip Code
33433

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GAIL S. GLATT
6474 VIA ROSA
BOCA RATON, FL 33433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MARSHALL GLATT
6474 VIA ROSA
BOCA RATON, FL 33433 ☐ Change ☒ Addition

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

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

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☐ Change ☐ Addition

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

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

Signature and typed or printed name of signing officer or director
MARSHALL GLATT

4/2/01 904-PF-2106
Date Daytime Phone #

CR2E034 (10/00)