

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P00000053861

1. Entity Name

THE CLOSING GROUP.COM, INC.



03 JUL 14 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5400 S. UNIVERSITY DR.

3. Mailing Address
5400 S. UNIVERSITY DR.

Suite, Apt. #, etc.
108

Suite, Apt. #, etc.
108

City & State
DAVIE, FL

City & State
DAVIE, FL

Zip
33328

Country

Zip
33328

Country

4. FEI Number 03-0459384

Applied For
☒ Not Applicable

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

7. Name and Address of Current Registered Agent

Name RAUL QUINTANA

Street Address (P.O. Box Number is Not Acceptable)

5400 S. UNIVERSITY DR. # 108

City DAVIE

FL

Zip Code
33328

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/8/03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P RAUL QUINTANA
16473 NE 31 AVE
NORTH MIAMI BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V MARIA GONZALEZ
18435 NE 30 PLACE
AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/08/2003

Date

954-880-0308

Daytime Phone #

CR2E034B (12/02)

7/7/07