

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90153 006 \*\*\*150.00

**DOCUMENT # P00000059260**

1. Entity Name

**MOMENTUM FINANCIAL GROUP, INC.**

Principal Place of Business

Mailing Address

~~220 NE 10TH STREET~~  
~~DELRAY BEACH FL 33444~~

1607 Cetana Dr.  
 Baynton Beach  
 FL 33436

~~220 NE 10TH STREET~~  
~~DELRAY BEACH FL 33444~~

1607 Cetana Drive  
 Baynton Beach FL 33436

2. Principal Place of Business

1607 Cetana Drive

Suite, Apt. #, etc.

3. Mailing Address

1607 Cetana Drive

Suite, Apt. #, etc.

City & State

Baynton Beach FL

City & State

Baynton Beach FL

Zip

33436

Country

USA

Zip

33436

Country

USA

4. FEI Number

65-1033011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAVARRO, CHARLES T

~~220 NE 10TH STREET~~

~~DELRAY BEACH FL 33444~~

1607 Cetana Drive  
 Baynton Beach FL  
 33436

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME NAVARRO, CHARLES T  
 STREET ADDRESS ~~220 NE 10TH STREET~~ 1607 Cetana Drive  
 CITY-ST-ZIP ~~DELRAY BEACH FL 33444~~ Baynton Bch FL  
 33436

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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:

Charles Navarro  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01 (954) 816-8132  
 Date Daytime Phone #

CR2E034 (10/00)