

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90850 006 \*\*\*150.00

**DOCUMENT # P00000090732**

1. Entity Name

**UNION MORTGAGE GROUP, INC.**



Principal Place of Business

**11440 OKEECHOBEE BLVD. SUITE 210-B  
ROYAL PALM BEACH FL 33411**

Mailing Address

**11440 OKEECHOBEE BLVD. SUITE 210-B  
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

**11440 Okeechobee Blvd**

3. Mailing Address

**11440 Okeechobee Blvd**

Suite, Apt. #, etc.

**# 217**

Suite, Apt. #, etc.

**# 217**

City & State

**Royal Palm Beach, FL**

City & State

**Royal Palm Beach, FL**

Zip

**33411**

Country

**USA**

Zip

**33411**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1043385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ISLAM, REBECCA**

**11440 OKEECHOBEE BLVD, SUITE 210-B  
ROYAL PALM BEACH FL 33411**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **D** ☐ Delete  
NAME **ISLAM, ASIF**  
STREET ADDRESS **11440 OKEECHOBEE BLVD, SUITE 210-B**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

CR2E034 (10/02)

0397202 AV

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/9/03**

Daytime Phone #

**561-753-2201**