

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90071 030 ***150.00

DOCUMENT # P000Q0094594

1. Entity Name

CENTURY MORTGAGE GROUP, INC.

Principal Place of Business

Mailing Address

**1027 PEPPERIDGE TERRACE
 BOCA RATON FL 33486**

**1027 PEPPERIDGE TERRACE
 BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

1515 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

4. FEI Number

65-1045958

Applied For

Not Applicable

Zip

Country

33432 USA

Zip

Country

33432 USA

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

**ROSEN, GARY
 1027 PEPPERIDGE TERRACE
 BOCA RATON FL 33486**

Name **GARY ROSEN**

Street Address (P.O. Box Number is Not Acceptable)
**1027 PEPPERIDGE TERRACE
 BOCA RATON**

City **FL** Zip Code **33486**

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 **GARY ROSEN, PRES.**

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

(NOTE: Registered Agent signature required when reinitiating)

01-20-01

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
PRESIDENT
 NAME **GARY ROSEN**
 STREET ADDRESS **1027 PEPPERIDGE TERRACE**
 CITY-ST-ZIP **BOCA RATON, FL. 33486**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true, accurate and that my signature shall have the same legal effect as if made under oath by 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

GARY ROSEN, PRES. 01-20-01

Date

Daytime Phone #

CR2E034 (10/00)