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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 SEP 12 PM 11:01

DOCUMENT # PO1000008610  
1. Entity Name MORTGAGE GALORE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 7257(A) NE. 4 AV. Suite, Apt. #, etc.  
City & State MIA - FL. Zip 33138 Country USA  
3. Mailing Address 411 N.E. 53 ST Suite, Apt. #, etc.  
City & State MIA - FL. Zip 33138 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2058086 Applied For ☐ Not Applicable ☒  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Maribel Tamargo  
Street Address (P.O. Box Number is Not Acceptable) 7257(A) NE 4 AVE.  
City MIA FL Zip Code 33138

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 Maribel Tamargo 9/4/02  
Signature, typed or printed name of registered agent and date (if applicable) (Typed Name of Registered Agent Signature Required When Registered)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>D</u> <u>MARIBEL TAMARGO</u> <u>7257(A) N.E. 4 AVE.</u> <u>MIA - FL. 33138</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>GUY ACURERO</u> <u>7257(A) N.E. 4 AVE.</u> <u>MIA - FL. 33138</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300007809963--4</u> <u>-09/17/02--01069--024</u> <u>*****8.75 *****8.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100007809981--8</u> <u>-09/17/02--01069--025</u> <u>****300.00 ****300.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Maribel Tamargo 9/4/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

20f2

Miami, Florida  
September 9, 2002

TO: State of Florida  
Division of Corporations

FEE: 41-2058086

RE: P01000008610, Mortgage Galore, Inc.

Thank you for your information today. Enclose please find the form required to reinstate this Corporation and fees for \$300.00.

Please note that your correspondence keeps being sent to 7257 N.E. 4<sup>th</sup> Ave. , where we have corrected it several times with your office to:

→ 7257 (A) N.E. 4<sup>th</sup> Avenue, Miami Fl. 33138

Thank you for your assistance.