

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90166 001 ***150.00

0236176 AV

DOCUMENT # P01000008610

1. Entity Name
MORTGAGE GALORE, INC.



Principal Place of Business
**7257 (A) N.E. 4TH AVENUE
MIAMI FL 33138**

Mailing Address
**411 N.E. 53RD STREET
MIAMI FL 33138**



2. Principal Place of Business

3. Mailing Address

1221 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

919

City & State

City & State

MIAMI - FL

Zip

Country

Zip

Country

33131

USA

4. FEI Number **41-2058086**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAMARGO, MARIBEL
7257 (A) N.E. 4TH AVENUE
MIAMI FL 33138**

Name **TAMARGO MARIBEL**
Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Ave
Suite 919
City **MIAMI FL 33131** **FL** Zip Code **33131**

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 **Maribel Tamargo**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/10/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TAMARGO, MARIBEL**
STREET ADDRESS **7257 (A) N.E. 4TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☒ Change ☐ Addition
NAME **MARIBEL TAMARGO**
STREET ADDRESS **1221 Brickell Ave**
CITY-ST-ZIP **Suite 919**
MIAMI FL 33131

TITLE **D** ☐ Delete
NAME **ACURERO, GUY**
STREET ADDRESS **7257 (A) N.E. 4TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☒ Change ☐ Addition
NAME **ACURERO GUY**
STREET ADDRESS **1221 Brickell Ave**
CITY-ST-ZIP **Suite 919- MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/1/03** Daytime Phone #

CR2E034 (10/02)