# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052850

1. Entity Name

Cutaia Mortgage Group, INC

**DO NOT WRITE IN THIS SPACE**

000021853570
11/19/03--01029--024 **70.00

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 95 S. Federal Hwy | 95 S. Federal Hwy |
| Suite, Apt. #, etc. Suite 200 | Suite, Apt. #, etc. Suite 200 |
| City & State Boca Raton FL 33432 | City & State Boca Raton FL |
| Zip 33432 Country Palm Beach | Zip 33432 Country Palm Beach |

4. FEI Number 65-1108548 ☐ 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: Susan Cutaia

Street Address (P.O. Box Number is Not Acceptable): 95 S. Federal Hwy Ste 200

City: Boca Raton FL Zip Code: 33132

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: X Susan B. Cutaia — Susan Cutaia — 11/12/03

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25 –**
**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 | President |
| NAME | Cutaia, Susan |
| STREET ADDRESS | 95 S. Federal Hwy Ste 200 |
| CITY-ST-ZIP | Boca Raton, FL 33432 |
| TITLE | Secretary |
| NAME | Elizabeth Cutaia |
| STREET ADDRESS | 95 S. Federal Hwy Ste 200 |
| CITY-ST-ZIP | Boca Raton, FL 33432 |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** X Susan B. Cutaia — Susan Cutaia — 11/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #