Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90294 011 ***158.75

20022689

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117526

1. Entity Name
COMMON MORTGAGE GROUP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6211 Pembroke Road	2696 S.W 183 Ave
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.
City & State: Hollywood Florida	City & State: MIRAMAR Fl 33029
Zip: 33023 Country: Broward	Zip: 33029 Country: Broward

4. FEI Number: 65-1159867 — Applied For / Not Applicable

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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: CARMAN JEAN-JACQUES
Street Address (P.O. Box Number is Not Acceptable): 2696 S.W 183 AVE
City: MIRAMAR, Fl FL Zip Code: 33029

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] 1/29/03
Signature, typed or printed name of registered agent and title 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	TITLE	
NAME	CARMAN JEAN JACQUES	NAME	
STREET ADDRESS	2696 S.W 183 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR Fl 33029	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: [signature] CARMAN JEAN-JACQUES 1/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(954)983-4744