## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 21, 2000 8:00 am Secretary of State DOCUMENT # P9400016548 GROUP MORTGAGE, INC. 08-21-2000 90145 001 \*\*\*150.00 08-21-2000 90145 002 \*\*\*400.00 Mailing Address Principal Place of Business 13214 SW 8 ST. 13214 SW 8 ST. MIAMI FL 33184-1176 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0470068 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TALAVERA, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 1700 SW 104 AVENUE **MIAMI FL 33165** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. : -- (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 -- 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE TALAVERA, ELIZABETH NAME NAME STREET ADDRESS 1700 SW 104TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other like empowered. changed, or on an attachment with a

Date

Davlime Phone

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED



June 08, 2000

Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida, 32301-1500

FEI # 65-0470068

Dear Sirs:

Enclosed please find my check in the amount of \$150.00 for my corporate annual report.

I have been in business since 1994 and have never been late to date in filing any of my reports or fees. Unfortunately, due to complications I had in surgery in March, I have been out of my office and unable to attend to matters correctly for several months. I did not overlook filing this report by April 30; I only recently returned to work:

I ask that you please understand my predicament this year and request that you waive the additional \$350 fee due to my unfortunate circumstances.

I would appreciate any assistance you could offer me in this situation. Thanking you in advance for any help you can offer me.

Sincerely

ElizabethTalavera

President

Group Mortgage, Inc.