

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084078

1. Entity Name

AMERICAN CONSOLIDATED MORTGAGES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12120 SW 68 CT.

Suite, Apt. #, etc.

3. Mailing Address

12120 SW 68 CT

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

33156

Country

DADE

Zip

33156

Country

DADE

4. FEI Number

650622020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Sharghowsky

Street Address (P.O. Box Number is Not Acceptable)

12120 SW 68 CT.

City

Miami

FL

Zip Code

33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

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

PRESIDENT
Michael Sharghowsky
12120 SW 68 CT
Pinecrest, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-02

786-286-3494

DATE

Display Name

FILED

02 SEP 23 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/02/02--01003--017

****750.00 ****750.00

98-02 UBR

CR2E034B (12/01)

2002

AMERICAN CONSOLIDATED MORTGAGES, INC.

September 20, 2002

Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: AMERICAN CONSOLIDATED MORTGAGES
DOCUMENT #P5000084078


Dear Sir or Madam:

Please be advised that we moved our offices and did not receive any notices since 1998.
Please waive the penalties and accept my check in the amount of \$750.00 for
reinstatement.

Thank you.

Very truly yours,

AMERICAN CONSOLIDATED MORTGAGES, INC.


Michael W. Shaughnessy
President

MWS/gc
Enclosures