

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059565

1. Entity Name

CONSUMER ONE MORTGAGE CORP.



FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90012 026 ***150.00

00071724



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6363 NW 6 SAY SUITE 150 FT LAUDERDALE FL 33309 US	6363 NW 6 WAY SUITE 150 FT LAUDERDALE FL 33309 US

2. Principal Place of Business	3. Mailing Address
1001 S. Andrews Avenue	1001 S. Andrews Avenue
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100

City & State	City & State
Fort Lauderdale, FL	Fort Lauderdale, FL

Zip	Country	Zip	Country
33316	Broward	33316	Broward

4. FEI Number	65-0685070	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BELLER, ERIC M 333 S.W. 2ND STREET FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1001 S. Andrews Avenue
Suite #100
City
Fort Lauderdale
FL
Zip Code
33316

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 reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PVST
NAME	KINIRY, SHIELA
STREET ADDRESS	5531 S.W. 58TH COURT
CITY-ST-ZIP	DAVIE FL 33314
TITLE	SVP
NAME	KINIRY, RUSSELL W
STREET ADDRESS	5531 SW 58TH CT
CITY-ST-ZIP	DAVIE FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 6/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # P96000059565

Stuart M. Rotman, C.P.A., P.A.

4700 North State Road 7, Suite 208
Fort Lauderdale, Florida 33319-5804

Telephone (954)485-1200
Facsimile (954)485-5006

C0071724

June 13, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

**Re: Consumer One Mortgage Corp.
Document #P96000059565
Form: Uniform Business Report
Period: Year 2001**

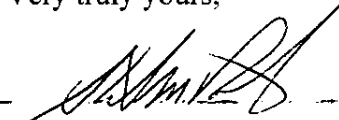
Dear Division of Corporations:

Due to a move on the part of the corporation, the Uniform Business Report was not received by this corporation until after the deadline for the year 2001. Since this was an inadvertent error, we ask that you waive the late penalty and update this client to active status.

Enclosed is a Uniform Business Report for the year 2001, along with a check for \$150.00. Please note the address correction on the form and update your records.

Please contact our office if you have any questions.

Very truly yours,



Stuart M. Rotman
Certified Public Accountant

SMR/tkh
enclosures