

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90439 006 ***158.75

DOCUMENT # P96000064058

1. Entity Name

TRUST INVESTMENT GROUP MORTGAGE DIVISION, INC.

Principal Place of Business

Mailing Address

1021 S.W. 74 Ave.
Florida 33144
US

1021 S.W. 74 Ave.
Miami Florida 33144
US

2. Principal Place of Business

3. Mailing Address

6075 SUNSET DRIVE
Suite, Apt. #, etc.
4th FLOOR

6075 SUNSET DRIVE
Suite, Apt. #, etc.
4th FLOOR

City & State

City & State

SOUTH MIAMI FLORIDA

SOUTH MIAMI FLORIDA

Zip

Country

Zip

Country

33143

USA

33143

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0699530

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUELLAR, ALHYIUN 1021 S.W. 74TH AVE. MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CUELLAR, ROSITA P 1021 SW 74TH AVE MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUELLAR ROSITA P 1021 S.W. 74 AVE. MIAMI FL. 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROSITA P. CUELLAR President/Director

3-9-2001

305-264-2597

CR2E034 (10/00)