

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 27 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P9600064058**  
1. Entity Name  
**TRUST INVESTMENT GROUP MORTGAGE  
DIVISION, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4000 PONCE DE LEON BLVD.**

3. Mailing Address  
**1021 SW 74 AVE**

**REINSTATEMENT 02-03**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**SUITE # 470**

Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FL**

City & State  
**MIAMI FL**

4. FEI Number  
**45-0699530**

Applied For  
Not Applicable

Zip  
**33146**

Country  
**USA**

Zip  
**33144**

Country  
**USA**

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  
**FERNANDO CUELLAR**

Street Address (P.O. Box Number is Not Acceptable)  
**1021 S.W. 74 AVE**

City  
**MIAMI**

FL

Zip Code  
**33144**

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 **FERNANDO CUELLAR** **PRESIDENT** **Fernando Cuellar** **3/26/2003**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT FERNANDO CUELLAR 1021 SW 74 AVE MIAMI FL 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT ROSA B. CUELLAR 1021 SW 74 AVE MIAMI FL 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY 3000 N.E. 78th Ave Miami, FL 33151-25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: **Fernando Cuellar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/2003 (305) 310-4934**

Date

Daytime Phone #

CR2E034B (12/02)

2/1/27