

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90003 019 ***150.00

DOCUMENT # P96000101530

1. Entity Name

MORTGAGE PLUS GROUP INC.

Principal Place of Business

10621 N. KENDALL DR.
STE 218
MIAMI FL 33176
US

Mailing Address

10621 N. KENDALL DR.
STE 218
MIAMI FL 33176
US

2. Principal Place of Business

3505 So. Ocean Dr.

3. Mailing Address

3505 So. Ocean Dr.

Suite, Apt. #, etc.

STE 3-B

Suite, Apt. #, etc.

STE 3-B

City & State

Hollywood, FL.

City & State

Hollywood, FL.

Zip

Country

33019

Broward

Zip

Country

33019

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTEVEZ, AIDA
10621 N KENDALL DR.
MIAMI FL 33176

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	DS	<input type="checkbox"/> Delete
NAME	ESTEVEZ, AIDA	
STREET ADDRESS	10625 SW 130 TERR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OJEDA, JOSEFINA	
STREET ADDRESS	15625 SW 62ND TERR.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESTEVEZ, ULISES	
STREET ADDRESS	10625 SW 130 TERR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIDA ESTEVEZ	
STREET ADDRESS	15615 SW 62 TERR	
CITY-ST-ZIP	Miami, FLA. 33193	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Josefina Ojeda	
STREET ADDRESS	15615 SW 62 TERR	
CITY-ST-ZIP	Miami, FLA. 33193	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULISES ESTEVEZ	
STREET ADDRESS	15615 SW 62 TERR	
CITY-ST-ZIP	Miami, FLA. 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)