


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91778 050 ***150.00

DOCUMENT # **P96000101530**

1. Entity Name
MORTGAGE Plus Group, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3505 So. Ocean DR.		3. Mailing Address 3505 So. Ocean	
Suite, Apt. #, etc. 3-B		Suite, Apt. #, etc. 3-B	
City & State Hollywood, FL.		City & State Hollywood, FL.	
Zip 33019	Country Bravard	Zip 33019	Country Bravard

11041170

DO NOT WRITE IN THIS SPACE

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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name AIDA ESTEVEZ	
		Street Address (P.O. Box Number is Not Acceptable)	
		7440 S.W. 136 St.	
		City Miami	Zip Code FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4.29.03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P AIDA ESTEVEZ 7440 S.W. 136 St. Miami, Fla. 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ulises Estevez 7440 S.W. 136 St. Miami, Fla. 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jossie Ojeda 3505 So. Ocean Dr. Hollywood, Fla. 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:  DATE **4.29.03** DAYTIME PHONE # **(954) 927-8911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)