

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031364

1. Entity Name

SOUTHERN TRUST MORTGAGE GROUP INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90328 016 \*\*\*150.00

Principal Place of Business

9550 SW 40TH ST  
MIAMI FL 33165  
US

Mailing Address

15982 SW 138 CT.  
MIAMI FL 33070-2714

2. Principal Place of Business

91831 Overseas Hwy

3. Mailing Address

226 Burgandy Dr.

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State  
Tavernier, FL

City & State  
Tavernier, FL

4. FEI Number

65-0741460

Applied For

Not Applicable

Zip

33070

Country

Monroe

Zip

33070

Country

Monroe

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTERO, MARIA I

~~15982 SW 138 CT.~~

~~MIAMI FL 33177~~

226 Burgandy Dr.  
Tavernier, FL 33070

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]* MARIA MONTERO, President

DATE

4/24/00

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, 2000 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 ☐ Delete  
NAME DP  
STREET ADDRESS MONTERO, MARIA I  
CITY-ST-ZIP 15982 SW 138 CT. 226 Burgandy Dr.  
MIAMI FL 33177 Tavernier, FL 33070

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS MONTERO, RIGOBERTO  
CITY-ST-ZIP 15982 SW 138 CT. 226 Burgandy Dr.  
MIAMI FL 33177 Tavernier, FL 33070

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* MARIA MONTERO, PRESIDENT

Date

4/24/00

Daytime Phone #

305-853-0056

CR2E034 (9/99)