FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 90729 001 ***150.00

DOCUMENT # P97000105765

1. Entity Name
United Mortgage Group, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
900 West 49th St.	900 West 49th St.
Suite, Apt. #, etc. 518	Suite, Apt. #, etc. 518
City & State Hialeah, Fl.	City & State Hialeah, Fl.
Zip 33012 Country USA	Zip 33012 Country USA

4. FEI Number 65-0812320 ☐ Applied For ☐ Not Applicable

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: Manuel Fadraga

Street Address (P.O. Box Number is Not Acceptable): 1225 NW 144 Ave

City: Hialeah FL Zip Code 33028

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: _____ President 5/10/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PTD
NAME	FADRAGA, Manuel
STREET ADDRESS	900 West 49th St. Suite 518
CITY-ST-ZIP	Hialeah, Fl. 33012
TITLE	VSD
NAME	Martinez, Neysi A.
STREET ADDRESS	900 West 49th St. suite 518
CITY-ST-ZIP	Hialeah, Fl. 33012
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 5/10/02 305-822-9824
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE TELEPHONE NUMBER