

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90308 031 \*\*\*150.00

**DOCUMENT # P98000061719**

1. Entity Name

**MORTGAGE CAPITAL & CONSULTING GROUP, INC.**

Principal Place of Business

Mailing Address

1925 NE 45 ST  
 SUITE 230  
 FORT LAUDERDALE FL 33308

1925 NE 45 ST  
 SUITE 230  
 FORT LAUDERDALE FL 33308-5100

2. Principal Place of Business

**1915 NE 45TH STREET**

3. Mailing Address

**1915 NE 45TH ST.**

Suite, Apt. #, etc.

**208**

Suite, Apt. #, etc.

**208**

City & State

**FORT LAUDERDALE FL**

City & State

**FORT LAUDERDALE FL**

Zip

**33308**

Country

**USA**

Zip

**33308**

Country

**USA**

6. Name and Address of Current Registered Agent

**GONZALEZ, LUIS**  
**1919 NE 45TH STREET**  
**SUITE 115**  
**FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **LUIS GONZALEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1915 NE 45TH STREET**  
**SUITE 208**  
 City **FORT LAUDERDALE FL** Zip Code **33308**

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, 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	PST	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, LUIS	
STREET ADDRESS	1925 NE 45 ST STE 230	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, CLAVOIN	
STREET ADDRESS	1925 NE 45 ST STE 230	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS GONZALEZ	
STREET ADDRESS	1915 NE 45TH STREET STE 208	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	Vice president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDIA GONZALEZ	
STREET ADDRESS	1915 NE 45TH STREET STE 208	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/00

Date

954-489-7777

Daytime Phone #