

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000061719**1. Entity Name
MORTGAGE CAPITAL & CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
1925 NE 45 ST	1925 NE 45 ST
SUITE 208	SUITE 208
FORT LAUDERDALE FL	FORT LAUDERDALE FL
33308	33308

2. Principal Place of Business	3. Mailing Address
10242 NW 47TH STREET	10242 NW 47TH STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 9	SUITE 9

City & State	City & State
SUNRISE FL	SUNRISE FL

Zip	Country	Zip	Country
33351		33351	

4. FEI Number	Applied For
91-1900917	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GONZALEZ LUIS
1915 NE 45TH STREET
SUITE 208
FORT LAUDERDALE FL
33308 US

7. Name and Address of New Registered Agent

Name
GONZALEZ LUIS
Street Address (P.O. Box Number is Not Acceptable)
10242 NW 47TH STREET
SUITE 9
City
SUNRISE FL Zip Code
33351

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 _____ DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ CLAUDIA	
STREET ADDRESS	1915 NE 45TH STREET SUITE 208	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ LUIS	
STREET ADDRESS	1915 NE 45TH STREET SUITE 208	
CITY-ST-ZIP	FORT 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ LUIS	
STREET ADDRESS	10242 NW 47TH STREET SUITE 9	
CITY-ST-ZIP	SUNRISE FL 33351	
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		
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: LUIS GONZALEZ**PRES 05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)