

FILED

02 APR 22 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # *798 000088152*1. Entity Name
*Concord Mortgage of CENTRAL Florida INC.***DO NOT WRITE IN THIS SPACE**2. Principal Place of Business
*1015 E. SEMORAN BLVD.*Suite, Apt. #, etc.
*201*City & State
*Casselberry, FL*Zip Country
32707 - USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3542370

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name *MANUEL ROSADO JR.*

Street Address (P.O. Box Number is Not Acceptable)

*1205 CHESTER CIRCLE*City *KISSIMMEE*

FL

Zip Code
*34758***DO NOT WRITE
IN THIS SPACE**

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)

*4/18/02*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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*President
Robert D. Consiglio
2004 Jericho Dr.
Casselberry, FL 32707*TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VP of Operations
Cherry Heredia
707 Cassino Ave
Orlando, FL 32819*TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VP of Sales
William Finn
603 Lake Claire Ct.
Orlando, FL 32765*TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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*300005389219-
-04/30/02--01016--003
*****300.00 *****300.00*TITLE
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CITY - ST - ZIPTITLE
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STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert D. Consiglio President Robert D. Consiglio 4/18/02 (407) 695-5589**75 4/25/02*

CR2E034B (12/01)

**Concorde Mortgage
of Central Florida Inc.**

1015 E. Semoran Blvd. Suite 201
Casselberry, FL 32707

April 18, 2002

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399
ATTN: Eula Peterson

RE: Corporate Reinstatement

Dear Ms. Peterson,

Per our telephone conversation 4/18/02 between 3:00 pm to 3:15 pm, I have enclosed check #5897 in the amount \$300.00 along with the completed Uniform Business Report. Thank you very much for your time and cooperation.

Sincerely,



Robert DiConsiglio

President
Concorde Mortgage of Central Florida Inc.