

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90956 024 ***150.00

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1. Entity Name
CONCORDE MORTGAGE OF CENTRAL FLORIDA, INC.



Principal Place of Business
1015 E SEMORAN BLVD
201 CASSELBERRY FL 32707

Mailing Address
1015 E SEMORAN BLVD
201 CASSELBERRY FL 32707



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3542370**

Applied For

Not Applicable

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

ROSADO, MANUEL JR
1205 CHESTER CIRCLE
KISSIMMEE FL 34758

Name **STEVE HEIT**

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

2308 ECON CIRCLE #182

City **ORLANDO**

FL

Zip Code **32817**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **HEREDIA, CHERRY**
STREET ADDRESS **3604 JERICHO DR.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **DICONSIGLO, ROBERT C**
STREET ADDRESS **3604 JERICHO DR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE **VP** ☒ Delete
NAME **WILLIAM, FINN**
STREET ADDRESS **603 LAKE CLAIRE CT**
CITY-ST-ZIP **OWIEDO FL 32705**

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

TITLE **Treas** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREAS.** ☐ Change ☒ Addition
NAME **STEVE HEIT**
STREET ADDRESS **2308 ECON CIRCLE #182**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **VP** ☐ Delete
NAME **HECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **HECTOR SANTIAGO**
STREET ADDRESS **3151 SAWGRASS CT**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AGGREGATE REQUIRED, CON. 2/2/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 339 4409

CR2E034 (10/02)