

DOCUMENT # P99000041797

1. Entity Name

THEMORTGAGEFINDERS.COM, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90019 013 ***150.00

Principal Place of Business

Mailing Address

3032 EAST COMMERCIAL BOULEVARD
SUITE 53
FT LAUDERDALE FL 33308

3032 EAST COMMERCIAL BOULEVARD
SUITE 53
FT LAUDERDALE FL 33308-4312

2. Principal Place of Business

3100 NE 48th St.

3. Mailing Address

3100 NE 48th St.

Suite, Apt. #, etc.

415

Suite, Apt. #, etc.

415

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33308

Country

Broward

Zip

33308

Country

Broward

4. FEI Number

65-0917083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

James K. Alexander - President

1-25-00

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

TITLE PSD
NAME ALEXANDER, JAMES K
STREET ADDRESS 3032 EAST COMMERCIAL BOULEVARD
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE VTD
NAME GILLIHAN, PAUL
STREET ADDRESS 3032 EAST COMMERCIAL BOULEVARD
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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

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

James K. Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 954-938-2172