

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90074 019 \*\*\*150.00

**DOCUMENT # P99000056780**

1. Entity Name

**AMERIQUEST FINANCIAL GROUP, INC.**

Principal Place of Business

1876 NORTH UNIVERSITY DRIVE  
SUITE 300  
PLANTATION FL 33322

Mailing Address

1876 NORTH UNIVERSITY DRIVE  
SUITE 300  
PLANTATION FL 33322-4126

2. Principal Place of Business

Suite, Apt. #, etc.

**300-I**

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

**300-I**

City & State

Zip

Country

4. FEI Number

**65-0929114**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WEISSMAN, HAROLD ESQ.  
1776 PINE ISLAND ROAD  
SUITE 118  
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

**SANTOVITO, PETER**

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

**1841 N W 99 Ave**

City

**PLANTATION**

**FL**

Zip Code

**33322**

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

*Peter Frank Santovito*

**3/16/00**

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. ☐

**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 **D** ☐ Delete  
NAME **SANTOVITO, PETER**  
STREET ADDRESS **1876 NORTH UNIVERSITY DRIVE SUITE 300I**  
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** ☒ Delete  
NAME **GOTTIEB, MICHAEL**  
STREET ADDRESS **1876 NORTH UNIVERSITY DRIVE SUITE 300I**  
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*Peter Frank Santovito*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/00**

Date

**(954)236-4644x 21**

Daytime Phone #

CR2E034 (9/99)