

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90907 001 ***150.00

DOCUMENT # P99000062461
 1. Entity Name
CONDUIT MORTGAGE GROUP, INC.

R

Principal Place of Business Mailing Address
9078 ARLINGTON EXPRESSWAY **9078 ARLINGTON EXPRESSWAY**
SUITE 83 **SUITE 83**
JACKSONVILLE FL 32225 **JACKSONVILLE FL 32225-8213**

2. Principal Place of Business 3. Mailing Address
9951 ATLANTIC BLDG. **SAME.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
233

City & State City & State
JACKSONVILLE, FL

Zip Country Zip Country
32225 **USA**

4. FEI Number Applied For
59-3609575 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
SUAZO, MIGUEL P
9378 ARLINGTON EXPRESSWAY
SUITE 83
JACKSONVILLE-FL 32225

7. Name and Address of New Registered Agent
 Name **JORGE A. SUAZO**
 Street Address (P.O. Box Number is Not Acceptable)
9378 ARLINGTON EXPRESSWAY, APT. #83
 City **JACKSONVILLE** FL Zip Code **32225**

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]* DATE **4.28.00**
Signature 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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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 PRES. NAME JORGE A. SUAZO STREET ADDRESS 9378 ARLINGTON XPWY. # 83 CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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 recipient of a 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: *[Signature]* **PRESIDENT, JORGE A. SUAZO** DATE **4.28.00** DAYTIME PHONE # **904.645.5199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)