

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000072644**1. Entity Name
COMMWEST MORTGAGE, INC.

Principal Place of Business 2101 CORPORATE BOULEVARD SUITE 300 BOCA RATON 33431 FL	Mailing Address 2101 CORPORATE BOULEVARD SUITE 300 BOCA RATON 33431 FL
---	---

2. Principal Place of Business 120 E OAKLAND PARK BLVD	3. Mailing Address 120 E OAKLAND PARK BLVD
---	---

Suite, Apt. #, etc. SUITE 105-846	Suite, Apt. #, etc. SUITE 105-846
--------------------------------------	--------------------------------------

City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
-------------------------------------	-------------------------------------

Zip 333341100	Country US	Zip 333341100	Country US
------------------	---------------	------------------	---------------

4. FEI Number
59-3617987
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMANDEL DANIEL S
2101 CORPORATE BOULEVARD
SUITE 300
BOCA RATON
33431
FL**7. Name and Address of New Registered Agent**Name
FISHER ERIC AD
Street Address (P.O. Box Number is Not Acceptable)
120 E OAKLAND PARK BLVD
SUITE 105-846
City
FT LAUDERDALE
FL
Zip Code
333341100

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 **ERIC A. FISHER**

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

(NOTE: Registered Agent signature required when reinstating)

06/27/2001

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D MANDEL DANIEL S 2101 CORPORATE BOULEVARD, SUITE 300 BOCA RATON FL 33431	<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	D FISHER ERIC ADIR 120 E OAKLAND PARK BLVD STE 105-846 FT LAUDERDALE FL 333341100	<input checked="" 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
--	--	---

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
--	--	---

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: Eric A. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dir

06/27/2001

Date

Daytime Phone #

CR2E034 (11/00)