

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075033

1. Entity Name  
**PACIFIC TRUST MORTGAGE GROUP CORP.**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90023 046 \*\*\*150.00

Principal Place of Business  
**6876 W FLAGLER ST  
MIAMI FL 33144**

Mailing Address  
**6876 W FLAGLER ST  
MIAMI FL 33144-2814**

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**780 NW Lejeune Rd**

3. Mailing Address  
**780 NW Lejeune Rd**

Suite, Apt. #, etc.  
**Suite 318**

Suite, Apt. #, etc.  
**Suite 318**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0945437**

Applied For  
 Not Applicable

Zip  
**33126**

Country

Zip  
**33126**

Country

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

**RODRIGUEZ, ROBERT W  
782 NW 42ND AVE, SUITE 541  
MIAMI FL 33126**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name 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.   
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
MONTANES, AKENIS  
6876 W FLAGLER ST  
MIAMI FL 33144**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**780 NW Lejeune Rd #318  
MIAMI, FL. 33126**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MONTANES, AKENIS  
6876 W FLAGLER ST  
MIAMI FL 33144**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**780 NW Lejeune Rd #318  
MIAMI, FL 33126.**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)