

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90113 039 ***150.00

DOCUMENT # P99000075033

1. Entity Name
PACIFIC TRUST MORTGAGE GROUP CORP.



Principal Place of Business
780 NW LEJEVNE RD.
STE 318
MIAMI FL 33126

Mailing Address
780 NW LEJEVNE RD.
STE 318
MIAMI FL 33126

2. Principal Place of Business
930 SW 82 AVE

3. Mailing Address
930 SW 82 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-B

A-B

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33144

Country

Zip
33144

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0945437**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, ROBERT W**

Street Address (P.O. Box Number is Not Acceptable)
930 SW 82 AVE

STE. A-B

City **MIAMI**

FL

Zip Code
33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Akenis Montano*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **MONTANES, AKENIS**
STREET ADDRESS **930 SW 82 AVE STE. A-B**
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **D** ☐ Change ☐ Addition
NAME **MONTANES, AKENIS**
STREET ADDRESS **930 SW 82 AVE STE. A-B**
CITY-ST-ZIP **MIAMI, FL 33144**

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

12. 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 10 or Block 11 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

Akenis Montano **1/15/03** **269-7072**

Date

Daytime Phone #

CR2E034 (10/02)