## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 10, 2000 8:00 am Secretary of State DOCUMENT # P99000076163 MY MORTGAGE CONNECTION, INC. 02-10-2000 90019 013 \*\*\*150.00 Mailing Address Principal Place of Business 3100 W ROLLING HILLS, STE 710 3100 W ROLLING HILLS. STE 710 AUU19138 DAVIE FL 33328-1960 FL 33328 Principal Place of Business Mailing Address ORTEGA Konvections AN<del>to</del>ni DO NOT WRITE IN THIS SPACE Ste 710 Applied For 4. FEI Number 5-0945953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORTEGA, ANTONIO Street Address (P.O. Box 3100 W ROLLING HILLS, STE 710 DAVIE FL 33328 City 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. and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME tonio Ortega Ow. Rolling Hills #710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME ling Hills #710 Meina 3332 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 will an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN