

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90109 038 ***150.00

DOCUMENT # P99000089509

1. Entity Name
CREATIVE MORTGAGE GROUP, INC.



Principal Place of Business
**673 S FEDERAL HWY
DEERFIELD BEACH FL 33441**

Mailing Address
**797 CAMINO LAKES CIRCLE
BOCA RATON FL 33486**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0954068**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHUPNER, CALVIN J
6924 NW 6TH CT.
MATGATE FL 33063**

7. Name and Address of New Registered Agent

Name **MICHAEL QUARQUIO P.A. Esq.**
Street Address (P.O. Box Number is Not Acceptable)
**500 SE 6TH STREET
SUITE 100
FORT LAUDERDALE FL 33301**

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 *[Signature]* **MICHAEL J. QUARQUIO, ESQ.**

DATE **1/17/03**

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD HAGE, ELIE** ☐ Delete
STREET ADDRESS **797 CAMINO LAKES CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

(954) 260-6070

CR2E034 (10/02)