

2000 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90113 001 ***550.00

04-25-2000 90034 043 ***150.00

DOCUMENT # P99000102721

1. Entity Name

COSMO MORTGAGE CORP.

Principal Place of Business

Mailing Address

RIDGEWOOD AVE.
ORANGE FL 321275413 RIDGEWOOD AVE.
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

5413 RIDGEWOOD AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT ORANGE

City & State

City & State

FLORIDA

Zip

Country

Zip

Country

32127

USA

4. FEI Number

39-3610496

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GALIEN, KARIN
5413 RIDGEWOOD AVE.
PORT ORANGE FL 32127

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees11. ~~PRESIDENT~~ OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME KARIN GALIEN
STREET ADDRESS 133 WESTWOOD DRIVE
CITY-STATE-ZIP DAYTONA BEACH, FL 32119☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME VICE PRES, SEC. & TREAS.
STREET ADDRESS KARIN GALIEN
CITY-STATE-ZIP 133 WESTWOOD DR.
DAYTONA BEACH, FL 32119☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
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CITY-STATE-ZIP☐ Change ☐ Addition
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CITY-STATE-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-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 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: KARIN GALIEN PRESIDENT

4-18-00

904-405-5403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #