

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90114 012 ***150.00

DOCUMENT # **pa9000104378**

1. Entity Name
CONSOLIDATED MORTGAGE GROUP INC. X

Principal Place of Business Mailing Address
224 DATURA STREET 224 DATURA STREET
WEST PALM BEACH, FL WEST PALM BEACH, FL
33401 33401

80103981

2. Principal Place of Business 3. Mailing Address
224 DATURA STREET 224 DATURA STREET

- Suite, Apt. #, etc. - Suite, Apt. #, etc.
1011 # 1011

City & State City & State
WEST PALM BEACH WEST PALM BEACH

Zip Country Zip Country
33401 U.S.A. 33401 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0969185** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

DERRICK WILLIAMS
521 ARDMORE ROAD
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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 **Derrick Williams** **1/21/2000**
 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 State

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

11. OFFICERS AND DIRECTORS

TITLE **DERRICK WILLIAMS / PRESIDENT** ☐ 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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: **Derrick Williams**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000
 Date

(561) 659-7997
 Daytime Phone #

CR2E034 (9/99)

DOC# P99000109378

B0103981

Consolidated Mortgage Group Inc.

224 Datura Street Suite 1011 West Palm Beach, FL 33401

Main (561) 659-7997 Fax (561) 659-7920

Florida Department of State
Division of Corporations
P.O. Box 6327.

To Whom It May Concern.

This correspondence is made to verify that I never received a 2000 Uniform Business Report for 2000.

After talking to your department a form was forwarded to my office. I am hereby requesting a waiver of the penalty fees.

Thanks for your cooperation in this matter, and feel free to call me if the needs arise.

Sincerely,

Derrick Williams