

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90968 027 \*\*\*150.00

**DOCUMENT # S62107**

**1. Entity Name**  
**THE MORTGAGE AUTHORITY GROUP, INC.**

**Principal Place of Business**

**2300 CORAL WAY**  
**SUITE 200**  
**MIAMI FL 33145**

**Mailing Address**

**2300 CORAL WAY**  
**SUITE 200**  
**MIAMI FL 33145**

**B0057324**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**2300 Coral Way**  
 Suite, Apt. #, etc.  
**Suite # 200**

**3. Mailing Address**

**2300 Coral Way**  
 Suite, Apt. #, etc.  
**Suite # 200**

**City & State**  
**Miami, Florida**

**City & State**  
**Miami, Florida**

**4. FEI Number** **65-0272702**

**Applied For**  
☐ **Not Applicable**

**Zip**  
**33145**

**Country**  
**US**

**Zip**  
**33145**

**Country**  
**US**

**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**

**FLORIDA ANNUAL REPORT SERVICES INC.**  
**2300 CORAL WAY**  
**SUITE 200**  
**MIAMI FL 33145**

**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**

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

**AMADA CANTERA LOPEZ, President**

**3/25/02**

(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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ **Delete**  
**NAME** **GAVCOVICH, ABRAM**  
**STREET ADDRESS** **5220 LA GORCE DR**  
**CITY-ST-ZIP** **MIAMI BEACH FL**

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

**TITLE** **VD** ☐ **Delete**  
**NAME** **CIGELMAN, ARON**  
**STREET ADDRESS** **8934 BYRON AVE**  
**CITY-ST-ZIP** **SURFSIDE FL**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** **Aron Cigelman**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **SD** ☐ **Delete**  
**NAME** **BERMAN, NAUM**  
**STREET ADDRESS** **7601 BYRON AVE.**  
**CITY-ST-ZIP** **MIAMI BEACH FL**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** **Naum Berman**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **TD** ☐ **Delete**  
**NAME** **TENNEN, ALFRED**  
**STREET ADDRESS** **9301 W. CALUSA CLUB DR**  
**CITY-ST-ZIP** **MIAMI FL**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)