

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073697

1. Entity Name  
**CARIBBEAN MORTGAGE UNLIMITED, INC.**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90087 012 \*\*\*158.75

Principal Place of Business 672 N SEMORAN BLVD #204 ORLANDO FL 32807	Mailing Address 672 N SEMORAN BLVD #204 ORLANDO FL 32807-3372
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3402573</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>BRACERO, CARMEN</b> 672 N SEMORAN BLVD #303 ORLANDO FL 32807				7. Name and Address of New Registered Agent			
				Name <b>Jameist Torres</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>672 N. Semoran Blvd. # 204</b>			
				City <b>ORLANDO</b>		FL	Zip Code <b>32807</b>

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 *Jameist Torres* *President* DATE **4/10/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>BRACERO, CARMEN</b> <b>2722 GRADUATE CT</b> <b>ORLANDO FL 32826</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jameist Torres</b> <b>4209 Forest Island Dr.</b> <b>ORLANDO, FL 32826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President, Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kiomu Torres</b> <b>5282 Tuxbridge Wells Lane Unit 3</b> <b>ORLANDO, FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jameist Torres* **Jameist Torres** DATE: **04/10/2000** DAYTIME PHONE #: **407 3060602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)