

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02913

1. Entity Name

FLORIDA CREATIVE MORTGAGE CORP.

FILED

Feb 08, 2001 8:00 am

Secretary of State

02-08-2001 90437 001 ***450.00

Principal Place of Business

Mailing Address

% ALAN PINKWASSER
8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437
US

% ALAN PINKWASSER
8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2697324

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

PINKWASSER, ALAN
8231 MUIRHEAD CIRCLE
BOYNTON BEACH
FL 33437

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 re-registering)

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, 2001 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

TITLE NAME ☐ Delete

D PINKWASSER, ALAN
2145 NE 204TH ST
N MIAMI BEACH FL

TITLE NAME ☐ Delete

D PINKWASSER, MARC
2145 NE 204TH ST
N MIAMI BEACH FL

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

DIRECTOR ALAN PINKWASSER
8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437

TITLE NAME ☐ Change ☐ Addition

DIRECTOR MARC PINKWASSER
8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437

TITLE NAME ☐ Change ☐ Addition

ETHEL PINKWASSER
8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE 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 #

Alan Pinkwasser

1/6/01 561 736 7001

CR2E034 (10/00)