

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90090 034 ***150.00

DOCUMENT # P00000005595

1. Entity Name
CRB MORTGAGE CORP.

Principal Place of Business
25 S.E. 2ND AVENUE, SUITE 900
MIAMI FL 33141

Mailing Address
25 S.E. 2ND AVENUE, SUITE 900
MIAMI FL 33141

2. Principal Place of Business
11755 SW 90 St.
Suite, Apt. #, etc.
Suite 203

3. Mailing Address
11755 SW 90 St.
Suite, Apt. #, etc.
Suite 203

City & State
Miami FL
Zip
33176
Country
USA

City & State
Miami FL
Zip
33176
Country
USA

4. FEI Number
65-0982350

Applied For
Not Applicable

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

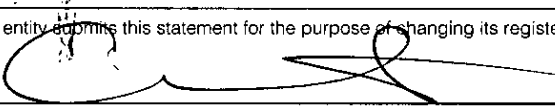
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. 2ND AVENUE, SUITE 900
MIAMI FL 33141

Name Carlos E. Martinez
Street Address (P.O. Box Number is Not Acceptable)
11755 SW 90 St.
Suite 203
City Miami FL Zip Code 33176

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  1-23-01
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, 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P.	Carlos E. Martinez	11755 SW 90 St. Suite 203	Miami, FL 33176	<input type="checkbox"/>
VP	Raul A. Martinez	11755 SW 90 St. Suite 203	Miami, FL 33176	<input type="checkbox"/>
S	Emilio F. Martinez	11755 SW 90 St. Suite 203	Miami, FL 33176	<input type="checkbox"/>
T	Fernando Martinez	11755 SW 90 St. Suite 203	Miami, FL 33176	<input type="checkbox"/>
VP	Maria L. Martinez	11755 SW 90 St. Suite 203	Miami, FL 33176	<input type="checkbox"/>
Asst. T.	Miren Arnaiz	11755 SW 90 St. Suite 203	Miami, FL 33176	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 1-23-01 Daytime Phone # 305-233-6776

CR2E034 (10/00)