

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90016 045 ***150.00

DOCUMENT # P00000005595

1. Entity Name
CRB MORTGAGE CORP.

Principal Place of Business

11755 SW 90 ST
 SUITE 203
 MIAMI FL 33176

Mailing Address

11755 SW 90 ST
 SUITE 203
 MIAMI FL 33176

2. Principal Place of Business

11755 SW 90 ST

Suite, Apt. #, etc.

Suite 210

City & State

Miami FL

Zip

33186

Country

USA

3. Mailing Address

11755 SW 90 ST

Suite, Apt. #, etc.

Suite 210

City & State

Miami FL

Zip

33186

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name **Miren Arnaiz**

Street Address (P.O. Box Number is Not Acceptable)

11755 SW 90 ST, # 210

City

Miami

FL

Zip Code

33186

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

(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

TITLE **P** ☐ Delete
 NAME **MARTINEZ, CARLOS E**
 STREET ADDRESS **11755 SW 90 ST SUITE 203**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VP** ☐ Delete
 NAME **MARTINEZ, RAUL A**
 STREET ADDRESS **11755 SW 90 ST SUITE 203**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **S** ☐ Delete
 NAME **MARTINEZ, EMILIO F**
 STREET ADDRESS **11755 SW 90 ST SUITE 203**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **T** ☐ Delete
 NAME **MARTINEZ, FERNANDO**
 STREET ADDRESS **11755 SW 90 ST SUITE 203**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VP** ☐ Delete
 NAME **MARTINEZ, MARIA L**
 STREET ADDRESS **11755 SW 90 ST SUITE 203**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **AT** ☐ Delete
 NAME **ARNAIZS, MIREN**
 STREET ADDRESS **11755 SW 90 ST SUITE 203**
 CITY-ST-ZIP **MIAMI FL 33176**

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 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

1-16-02

305-273-1303

Date

Daytime Phone #

CR2E034 (9/01)