

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90238 020 ***150.00

DOCUMENT # P00000088470

1. Entity Name

C & R INTERNATIONAL MORTGAGE, CORP.

Principal Place of Business

**1938 NW 17 AVENUE
 MIAMI FL 33125**

Mailing Address

**2535 WEST 70 PLACE
 HIALEAH FL 33016**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

N/A

3. Mailing Address

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

City & State

N/A

4. FEI Number

65-1095081

Applied For

☒ Not Applicable

Zip

N/A

Country

N/A

Zip

N/A

Country

N/A

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

**CHEVALIER, NELFA
 2535 WEST 70 PLACE
 HIALEAH FL 33016**

Name

N/A

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

N/A

City

N/A

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.

(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 ☐ Delete
 NAME PD
 STREET ADDRESS CHEVALIER, NELFA
 CITY-ST-ZIP 2535 WEST 70 PLACE
 HIALEAH FL 33016

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

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS CHEVALIER, ALBERTO
 CITY-ST-ZIP 2535 WEST 70 PLACE
 HIALEAH FL 33016

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

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS CHEVALIER, RICARDO
 CITY-ST-ZIP 2535 WEST 70 PLACE
 HIALEAH FL 33016

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

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS CHEVALIER, NELPHA
 CITY-ST-ZIP 2535 WEST 70 PLACE
 HIALEAH FL 33016

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

4-23-02 (305) 231-2797 de

CR2E034 (9/01)