

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90228 007 ***150.00

DOCUMENT # P00000108507

1. Entity Name

CURRENCY MORTGAGE, INC.

Principal Place of Business

2856 EAST OAKLAND PARK BLVD.
 FORT LAUDERDALE FL 33306

Mailing Address

2856 EAST OAKLAND PARK BLVD.
 FORT LAUDERDALE FL 33306

2. Principal Place of Business

2485 East Sunrise Blvd
 Suite 206
 Ft. Lauderdale, FL

3. Mailing Address

2485 East Sunrise Blvd
 Suite 206
 Ft. Lauderdale FL

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-1057652

Applied For

Not Applicable

Zip

Country

33306-3100

Broward

Zip

Country

33306-3100

Broward

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

SMITH, SARAH N
 2856 EAST OAKLAND PARK BLVD.
 FORT LAUDERDALE FL 33306

new Address

Name

Sarah N Smith

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

2485 East Sunrise Blvd

City

Ft. Lauderdale

FL

Zip Code

33306-3100

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

Sarah N Smith President

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SMITH, SARAH N
 CITY-ST-ZIP 2856 EAST OAKLAND PARK BLVD.
 FORT LAUDERDALE FL 33306

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4-20-01 954567-8007

CR2E034 (10/00)