

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90148 006 \*\*\*150.00

0093129

**DOCUMENT # P94000022435**

1. Entity Name

**APPLETREE MORTGAGE, CORP.**

Principal Place of Business

4215 W 16TH AVE  
HIALEAH FL 33012  
US

Mailing Address

4215 W 16TH AVE  
HIALEAH FL 33012  
US

**00007845**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4215 W 16th Ave  
Suite, Apt. #, etc.  
Hialeah  
City & State  
FL

3. Mailing Address

4215 W 16th Ave  
Suite, Apt. #, etc.  
Hialeah  
City & State  
FL

4. FEI Number **65-0476434**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VEGA, ORLANDO  
4160 W 16 AVENUE  
#502  
HIALEAH FL 33012

→ new address

7. Name and Address of New Registered Agent

Name

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

4215 W 16th Ave  
Hialeah  
City

FL

Zip

33012

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, 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	PD	<input type="checkbox"/> Delete
NAME	VEGA, ORLANDO	
STREET ADDRESS	2619 WEST 8TH COURT	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3040 NE 164 ST	
CITY-ST-ZIP	N M Beach - FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1-8-01

Date

(305) 362-6030

Daytime Phone #

CR2E034 (10/00)