

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90099 021 ***150.00

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

2. Principal Place of Business

5777 NW 151th Street
Suite, Apt. #, etc.

3. Mailing Address

5777 NW 151th Street
Suite, Apt. #, etc.

City & State
miami Lakes, FL.

Zip
33014

Country
miami-Dade

City & State
miami Lakes, FL.

Zip
33014

Country
miami-Dade

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
4215 W 16TH AVENUE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
VEGA, Orlando

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

5777-NW 151th Street

City
miami Lakes,

FL

Zip Code
33014

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 *Orlando VEGA President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/10/02
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
PD ☐ **Delete**
NAME
VEGA, ORLANDO
STREET ADDRESS
3040 NE 164TH STREET
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33160

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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**
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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 *Orlando VEGA President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/02 (305) 362-6030

CR2E034 (9/01)