

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048249

1. Entity Name

CALIBER MORTGAGE COMPANY OF FT. LAUDERDALE, INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90044 034 ***150.00

Principal Place of Business

Mailing Address

777 S FLAGLER DR., STE 221
WEST PALM BEACH FL 33401

777 S FLAGLER DR., STE 221
WEST PALM BEACH FL 33401

2. Principal Place of Business

2500 S. OCEAN BLVD.

3. Mailing Address

2500 S. OCEAN BLVD.

Suite, Apt. #, etc.

221

Suite, Apt. #, etc.

221

City & State

PALEMB, FL

City & State

PALEMB, FL

4. FEI Number

65-0509461

Applied For

Not Applicable

Zip

33480

Country

US

Zip

33480

Country

US

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

FISHMAN, RONALD G.
777 S FLAGLER DR., STE 221
WEST PALM BEACH FL 33401

Name RONALD G. FISHMAN

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

2500 S. OCEAN BLVD. #221

City PALEMB,

FL

Zip Code 33480

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME FISHMAN, RONALD G
STREET ADDRESS 777 S FLAGLER DR., STE 221
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS 2500 S. OCEAN BLVD #221
CITY-ST-ZIP PALEMB, FL 33480

TITLE
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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 #

CR2E034 (10/00)