FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

639949

DOCUMENT # P94000048249

1. Entity Name
CALIBER MORTGAGE COMPANY OF FORT LAUDERDALE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2580 S. OCEAN BLVD	120 S. UNIVERSITY DR
Suite, Apt. #, etc. #1-B-2	Suite, Apt. #, etc. SUITE B
City & State PALM BEACH, FL	City & State PLANTATION, FL
Zip 33480 Country US	Zip 33324 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0509461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RONALD G. FISHMAN

Street Address (P.O. Box Number Not Acceptable) 2580 S. OCEAN BLVD. #1-B-2

City PALM BEACH 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 RGF 4/15/02

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) X

January 1 thru May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	RONALD G. FISHMAN 2580 S. OCEAN BLVD. #1-B-2 PALM BEACH, FL 33480
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RGF RONALD G. FISHMAN 4/15/02 561-832-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #