

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069144

1. Entity Name

CAPITAL HOME MORTGAGE CORPORATION

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90073 039 ***150.00

Principal Place of Business

9200 S DADELAND BLVD
 STE 610
 MIAMI FL 33156
 US

Mailing Address

9100 S. DADELAND BOULEVARD
 SUITE 1701
 MIAMI FL 33156-7817
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9200 S. DADELAND BLVD

SUITE 610

MIAMI FL

33156

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0522059

Applied For

Not Applicable

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

BUTTAUFUOCO, CHRISTOPHER R
 9100 S. DADELAND BOULEVARD
 SUITE 1701
 MIAMI FL 33156

Name

BUTTAUFUOCO, CHRISTOPHER R

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

9200 S. DADELAND BLVD

SUITE 610

City

MIAMI

FL

Zip Code

33156

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

(NOTE: Registered Agent signature required when reinstating)

3/11/00

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, 2000 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	PDS	<input type="checkbox"/> Delete
NAME	BUTTAUFUOCO, CHRISTOPHER R	
STREET ADDRESS	8230 SW 63RD PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/00

Date

305-620-1300

Daytime Phone #

CR2E034 (9/99)