

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025998

1. Entity Name

PRESTAR MORTGAGE CORPORATION

Principal Place of Business

7071 TAFT ST
HOLLYWOOD FL 33024
US

Mailing Address

7071 TAFT ST
HOLLYWOOD FL 33024
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

01-22-2001 90090 020 ***158.75

00005631



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0569101

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, ANGELA M
10590 SW 42ND COURT
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	STPD	<input type="checkbox"/> Delete
NAME	CLARK, IDALBERTO	
STREET ADDRESS	10590 SW 42ND COURT	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLARK, ANGELA M	
STREET ADDRESS	10590 SW 42ND CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CASSINA, CRISTINA	
STREET ADDRESS	6341 SCOTT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEIDA TRUJILLO	
STREET ADDRESS	621 GLEN PARKWAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELA M. CLARK	
STREET ADDRESS	10590 SW 42 CT	
CITY-ST-ZIP	DAVIE, FL 33328	
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

1/5/01 954-967-6767
Date Daytime Phone #

0110577

CR2E034 (10/00)