

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000048349

1. Entity Name

Care Free Mortgage, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90315 032 \*\*\*150.00

Principal Place of Business

Mailing Address

8002 Miami Lakes Dr.  
Miami Lakes, FL 33015

2. Principal Place of Business

111 NW 183 St

3. Mailing Address

4000 SW 146 Ave

Suite, Apt. #, etc.

#512

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miramar FL

4. FEI Number

650589381

Applied For

☒ Not Applicable

Zip

33179

Country

Dade

Zip

33027

Country

Broward

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ronald Abate  
6645 NW 174 Terrace  
Miami FL 33015

7. Name and Address of New Registered Agent

Name: Ronald Abate  
Street Address (P.O. Box Number is Not Acceptable): 4000 SW 146 Ave  
City: Miramar FL Zip Code: 33027

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, 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

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	
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	President P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Abate	
STREET ADDRESS	4000 SW 146 Ave	
CITY-ST-ZIP	Miramar FL 33027	
TITLE	Vice-President V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Abate	
STREET ADDRESS	4000 SW 146 Ave	
CITY-ST-ZIP	Miramar FL 33027	
TITLE	Treasurer T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Lopez	
STREET ADDRESS	24 Hendrix Isle #3	
CITY-ST-ZIP	Ft Lauderdale FL 33301	
TITLE	Secretary S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Abate	
STREET ADDRESS	4000 SW 146 Ave	
CITY-ST-ZIP	Miramar FL 33027	
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: Ronald Abate Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

Daytime Phone #

CR2E034 (9/99)