

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048349

1. Entity Name

CARE FREE MORTGAGE, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90313 035 ***150.00

Principal Place of Business

111 NW 183 ST.
#512
MIAMI FL 33179
US

Mailing Address

4000 SW 146 AVE
MIRAMAR FL 33027
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0589381

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

ABATE, RONALD
4000 SW 146 AVE
MIRAMAR FL 33027

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ABATE, RONALD	
STREET ADDRESS	4000 SW 146 AVE.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ABATE, LINDA	
STREET ADDRESS	4000 SW 146 AVE.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	S	<input type="checkbox"/> Delete
NAME	ABATE, AMY	
STREET ADDRESS	4000 SW 146 AVE.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-01

Date

954-441-7268

Daytime Phone #

CR2E034 (10/00)