2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000048349

Name:

Address: City-St-Zip: ABATE, AMY

4000 SW 146 AVE.

MIRAMAR, FL 33027

Entity Name: CARE FREE MORTGAGE, INC.

FILED Apr 22, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
111 NW 18 #512 MIAMI, FL		1			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4000 SW 1 MIRAMAR	46 AVE , FL 33027	US			
FEI Number:	65-0589381	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	46 AVE , FL 33027				
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
	npaign Financir S AND DIREC	ng Trust Fund Contribution(). CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (ABATE, RONA 4000 SW 146 MIRAMAR, FL	AVE.	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VPT (ABATE, LINDA 4000 SW 146 MIRAMAR, FL	AVE.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	S () Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD ABATE P 04/22/2003