

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073697

1. Entity Name

CARIBBEAN MORTGAGE UNLIMITED, INC.

Principal Place of Business

672 N SEMORAN BLVD
#204
ORLANDO FL 32807

Mailing Address

672 N SEMORAN BLVD
#204
ORLANDO FL 32807-3372

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

59-3402573

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

BRACERO, CARMEN
672 N SEMORAN BLVD #303
ORLANDO FL 32807

Name

Jameist Torres

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

672 N. Semoran Blvd. # 204

City

ORLANDO

FL

Zip Code

32807

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

Jameist Torres

President

4/10/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	BRACERO, CARMEN	
STREET ADDRESS	2722 GRADUATE CT	
CITY-ST-ZIP	ORLANDO FL 32826	
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	President, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jameist Torres	
STREET ADDRESS	4209 Forest Island Dr.	
CITY-ST-ZIP	ORLANDO, FL. 32826	
TITLE	Vice-President, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kionu Torres	
STREET ADDRESS	5282 Tumbbridge Wells Lane Unit 3	
CITY-ST-ZIP	ORLANDO, FL. 32812	
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:

Jameist Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90087 012 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

04/10/2000

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