

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098660

1. Entity Name

TRUE REALTY & MORTGAGE, INC.

FILED

00 JAN 24 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

188 N. FEDERAL HWY
DEERFIELD BEACH FL 33441

Mailing Address

188 N. FEDERAL HWY
DEERFIELD BEACH FL 33441-3622

2. Principal Place of Business

4400 N. FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 11

City & State

BOCA RATON FL

City & State

Zip

33431

Country

USA

Zip

Country

4. FEI Number

65-0714154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WIESENFELD, JACQUELINE A
7400 W. CYPRESSHEAD DRIVE
PARKLAND FL 33067-2312

7. Name and Address of New Registered Agent

Name

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

616 BOCA MARINA CT

City BOCA RATON

FL Zip Code 33487

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 D
NAME WIESENFELD, JACQUELINE ANNE
STREET ADDRESS 7400 WEST CYPRESSHEAD DRIVE
CITY-ST-ZIP PARKLAND FL 33067-2312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JACQUELINE ANNE WIESENFELD ☒ Change ☐
NAME
STREET ADDRESS 616 BOCA MARINA CT
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
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CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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:

Jacqueline A. Wiesenfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SP