FILED

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with

SIGNATURE:

## Mar 14, 2002 8:00 am Secretary of State DOCUMENT # P97000082825 1. Entity Name 03-14-2002 90304 026 \*\*\*150 00 CAMBRIDGE MORTGAGE AND LENDERS, INC. Principal Place of Business Mailing Address 7401 N.E. 8TH COURT 7401 N.E. 8TH COURT **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0928515 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETRUZZI, ANTHÓNY J JR Street Address (P.O. Box Number is Not Acceptable) 7401 N.E. 8TH COURT **BOCA RATON FL 33487** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) DV ☐ Change ☐ Addition TITLE & ☐ Delete TITLE PETRUZZI, CHARLES M NAME STREET ADDRESS 7401 N.E. 8TH COURT STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change Addition NAME PETRUZZI, KATHALEEN J NAME STREET ADDRESS 7401 N.E. 8TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETRUZZI, ANTHONY J JR NAME NAME STREET ADDRESS 7401 N.E. 8TH COURT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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