

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042871

1. Entity Name  
ADAMES MORTGAGE CORP.

Principal Place of Business  
650 SW 2ND AVE  
SUITE #148E  
BOCA RATON FL 33432

Mailing Address  
650 SW 2ND AVE  
SUITE #148E  
BOCA RATON FL 33432

2. Principal Place of Business  
225 MIZNER BOULEVARD

3. Mailing Address  
435 E. Boca Raton Road

Suite, Apt. #, etc.  
# 300

Suite, Apt. #, etc.  
#

City & State  
Boca Raton, FL

City & State  
Boca Raton

Zip  
FL 33432

Country  
USA

Zip  
FL 33432

Country  
USA

4. FEI Number 65-0836607

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMES, IRIS  
650 SW 2ND AVE  
SUITE #148E  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name IRIS ADAMES  
Street Address (P.O. Box Number is Not Acceptable)  
435 E. BOCA RATON ROAD  
City Boca Raton FL Zip Code 33432

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

IRIS A. ADAMES PRESIDENT.

(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P ADAMES, IRIS 650 SW 2ND AVE #148E BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMES, IRIS (TYPED) 435 E. BOCA RATON ROAD BOCA RATON, FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-02 President 561-414-7001

FILED  
Jun 03, 2002 8:00 am  
Secretary of State

05-16-2002 90031 044 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)