

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90210 021 ***150.00

DOCUMENT # P98000061728

1. Entity Name
ALPINE FINANCIAL AND MORTGAGE SERVICES, INC.

Principal Place of Business
9773 W. SAMPLE RD
CORAL SPRINGS FL 33065

Mailing Address
11861 N.W. 2 CT
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0851206**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MARTORANO, JOCELYNE
11861 N.W. 2 CT
CORAL SPRINGS FL 33071

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **P MARTORANO, JOCELYNE**
 STREET ADDRESS **11861 N.W. 2 CT**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

NOT RECORDED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-02 (954) 344-7993
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
978830



**ALPINE
FINANCIAL**
& MORTGAGE SERVICES INC.
CORRESPONDANT MTG. LENDER

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

RE: UNIFORM BUSINESS ~~REPORT~~ 2002 FILING FEE
DOCUMENT # P98000061728

FOLLOWING MY CONVERSATION WITH DREW IN PUBLIC INQUIRIES ON
SEPTEMBER 6, 2002, I'M SENDING MY FILING FEE IN THE AMOUNT OF
\$150.00 FOR THE SIMPLE REASON THAT I HAVE NEVER RECEIVED THE
FIRST NOTICE TO BEGIN WITH. SO THEREFORE DREW HAS INSTRUCTED ME
TO ENCLOSED THIS LETTER WITH MY PAYMENT OF \$150.00. I'M VERY
SORRY THAT MY FEE WASN'T RECEIVED ON TIME. IF YOU HAVE ANY
QUESTION, YOU CAN CONTACT ME AT 954-344-7993. THANK YOU FOR
YOUR UNDERSTANDING.


JOCELYNE MARTORANO
PRESIDENT