

## 2000 UNIFORM BUSINESS

99-00-AR

DOCUMENT #

1. Entity Name

Centrex Mortgage Company

FILED

00 FEB 17 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

520 N.W. 165 Street Road.  
North Miami Beach, Fl. 33169

2. Principal Place of Business

Same as Above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0857798

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Kennedy Marie Thomas  
520 NW 165 Street Road Suite 105  
North Miami Beach, Fl 33169

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-2000

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

D  
TITLE Kennedy Marie Thomas ☐ Delete  
NAME  
STREET ADDRESS 520 N.W. 165 Street Rd #105  
CITY-ST-ZIP North Miami Beach, Fl 33169TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME 500003146315--6  
STREET ADDRESS -02/24/00--01058--015  
CITY-ST-ZIP \*\*\*\*308.75 \*\*\*\*308.75TITLE ☐ Delete  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

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**CENTREX MORTGAGE COMPANY**

520 North West 165 Street Rd. Suite 105

North Miami Beach, Florida 33169

Phone:(305)354-2888 Fax:(305)354-7380

February 15, 2000

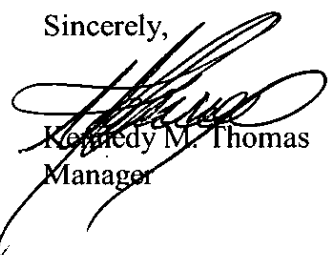
Division Of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find the 2000 uniform business report (UBR). Please note that I did not receive the notices that were sent. They were confirmed as returned to you . My current address is listed above.

For further information please contact the undersigned.

Sincerely,



Kennedy M. Thomas  
Manager