

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91581 029 ***150.00

DOCUMENT # P98000068301

1. Entity Name

CENTREX MORTGAGE COMPANY

Principal Place of Business

Mailing Address

520 NW 165th ST. RD. 520 NW 165th Street RD.
N. Miami Beach, FL 33169 N. Miami Beach, FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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

A0070087**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****THOMAS, KENNEDY MARIE**
520 NW 165th STREET ROAD #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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	THOMAS, KENNEDY MARIE	520 NW 165th STREET ROAD #105 N. MIAMI BEACH, FL 33169				

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

KENNEDY M. THOMAS 04/30/01 (305)354-2888

Date

Daytime Phone #

CR2E034 (11/00)