

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095428

1. Entity Name

CAPITAL MORTGAGE & ASSOCIATES CORPORATION

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90188 048 \*\*\*150.00

Principal Place of Business

Mailing Address

4000 HOLLYWOOD BLVD  
SUITE 535-S  
HOLLYWOOD FL 33021

4000 HOLLYWOOD BLVD  
SUITE 535-S  
HOLLYWOOD FL 33021-6751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0874308

Applied For

Not Applicable

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

LOPEZ, PAUL O  
C/O TRIPP SCOTT  
110 SE 6TH ST., 15TH FL  
FT. LAUDERDALE FL 33301

Name

LARRY MIDER

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

4000 HOLLYWOOD BLVD, SUITE 535 S

City

Hollywood

FL

Zip Code

33021

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

*Humberto Vargas*

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, 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

|                 |                                   |  |
|-----------------|-----------------------------------|--|
| TITLE           | D                                 | <input type="checkbox"/> Delete            |
| NAME            | VARGAS, HUMBERTO                  |  |
| STREET ADDRESS  | 245 18TH ST #503                  |  |
| CITY - ST - ZIP | MIAMI BCH FL 33139                |  |
| TITLE           | D                                 | <input checked="" type="checkbox"/> Delete |
| NAME            | PERDOMO, LUIS F                   |  |
| STREET ADDRESS  | 4000 HOLLYWOOD BLVD., SUITE 535-S |  |
| CITY - ST - ZIP | HOLLYWOOD FL 33021                |  |
| TITLE           |                                   | <input type="checkbox"/> Delete            |
| NAME            |                                   |  |
| STREET ADDRESS  |                                   |  |
| CITY - ST - ZIP |                                   |  |
| TITLE           |                                   | <input type="checkbox"/> Delete            |
| NAME            |                                   |  |
| STREET ADDRESS  |                                   |  |
| CITY - ST - ZIP |                                   |  |
| TITLE           |                                   | <input type="checkbox"/> Delete            |
| NAME            |                                   |  |
| STREET ADDRESS  |                                   |  |
| CITY - ST - ZIP |                                   |  |
| TITLE           |                                   | <input type="checkbox"/> Delete            |
| NAME            |                                   |  |
| STREET ADDRESS  |                                   |  |
| CITY - ST - ZIP |                                   |  |

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

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:

*Humberto Vargas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/00

Date

Daytime Phone #

CR2E034 (9/99)