

DOCUMENT # P98000095428

1. Entity Name

CAPITAL MORTGAGE & ASSOCIATES CORPORATION

03-27-2001 90052 015 \*\*\*150.00

00038083



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4000 HOLLYWOOD BLVD SUITE 535-S HOLLYWOOD FL 33021	4000 HOLLYWOOD BLVD SUITE 535-S HOLLYWOOD FL 33021

2. Principal Place of Business 3830 Hollywood Blvd Suite, Apt. #, etc.	3. Mailing Address 3830 Hollywood Blvd Suite, Apt. #, etc.
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City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021	Country --	Zip 33021	Country

4. FEI Number	65-0874308	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent	
MILDER, LARRY <del>4000 HOLLYWOOD BLVD</del> <i>3830 Hollywood Blvd</i> <del>SUITE 535 S</del> HOLLYWOOD FL 33021	Name
	Street Address (
	City

**7. Name and Address of New Registered Agent**

P.O. Box Number is Not Acceptable)

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>VARGAS, HUMBERTO</b> <b>245 18TH ST #503</b> <b>MIAMI BCH FL 33139</b>	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)