2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095428 1. Entity Name								
CAPITAL MORTGAGE & ASSOCIATES CORPORATION								
	e of Business NOOD BLVD FFC 39021	Mailing Address 3830 HOLLYWOOD RIVD SUITE 335-9 HOLLYWOOD FL 83021			Q2 JAN 29 PM 2: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3830 Hollywood Blw Same. Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State City & State				4. FEI Number 65-0874308 Applied For Net Applies In the Internal Int				
Zip 33		Zip	Country	5.	Certificate of Status Desired		Not Applicable Additional uired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Brenda Vargas Street Address (P.O. Box Number is Not Acceptable) SUITE 595 9 HOLLYWOOD FL 33021 8. The above named/entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida.							Code 3 o 2 1	
SIGNATURE Signature, typed or printed name of registered agent and the if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Comparison of the comparison				ture required when	1/6	25/02 DATE	5.00 May Be ded to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D VARGAS, HUMBERTO 245-16TH ST #503- MIAMI BCH FE 33139	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elme 18658	r Lerdo r Nway Pl. 1066 Pines, Fl. 3	☐ Chang		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang		
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: (954) 965-0000								
		NTED NAME OF SIGNING OFFICER (OR DIRECTOR	7	Pate	Daytime Phone	*	