

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100445

1. Entity Name

CREATIVE HOME MORTGAGES, INC.

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90054 004 \*\*\*150.00

0217070

Principal Place of Business 9220 SW 72 ST STE 101 MIAMI FL 33173	Mailing Address 9220 SW 72 ST STE 101 MIAMI FL 33173
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741297



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0878741	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country		

6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE., STE. 200 MIAMI FL 33131	7. Name and Address of New Registered Agent Name HECTOR RAMOS Street Address (P.O. Box Number is Not Acceptable) 13951 S.W. 66 ST. # 403A City MIAMI. FL Zip Code ##33183
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 (10/00)