

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91464 012 ***150.00

DOCUMENT # P99000055242

1. Entity Name
COMMUNITY MORTGAGE ASSOCIATES, INC.

Principal Place of Business

**580 VILLAGE BLVD
 #150
 WEST PALM BEACH FL 33409**

Mailing Address

**580 VILLAGE BLVD
 #150
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

2815 Hawthorne Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL

Zip

Country

Zip

Country

33409

U.S.

4. FEI Number

65-0928199

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

**ROSE, AARON
 1448 SAILBOAT CIRCLE
 WELLINGTON FL 33414**

Name **ROSE, AARON**

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

2815 Hawthorne Ln.

City

West Palm Beach

FL

Zip Code

33409

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

Aaron Rose

4-3-02

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, 2002 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 **P** ☐ Delete
 NAME **ROSE, AARON**
 STREET ADDRESS **1448 SAILBOAT CIR.**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **P** ☒ Change ☐ Addition
 NAME **ROSE, AARON**
 STREET ADDRESS **2815 Hawthorne Ln.**
 CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Aaron Rose
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02

Date

561-242-5091

Daytime Phone #

CR2E034 (9/01)