

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/4/

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-04-2001 90145 003 \*\*\*150.00

DOCUMENT # P99000060162

1. Entity Name

PACIFIC ATLANTIC MORTGAGE CORPORATION

Principal Place of Business

7337 ALOMA AVE.  
SUITE 210  
WINTER PARK FL 32792

Mailing Address

7337 ALOMA AVE., STE. 200  
WINTER PARK FL 32792

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 59-3586285

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

CRUZADA, CAYETANO R JR.  
7337 ALOMA AVE., STE. 200  
WINTER PARK FL 32792

Name

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

City

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

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, 2001 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	CRUZADA, CAYETANO R JR.	
STREET ADDRESS	4559 KAWILLA CREST PLACE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALLERAS, ROLANDO	
STREET ADDRESS	2715 ROSEDALE STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PCRISTERA M. CRUZADA	
CITY-ST-ZIP	4559 KAWILLA CREST PLACE WINTER PARK, FL 32792.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PCYRIL M. CAUZADA	
STREET ADDRESS	4559 KAWILLA CREST PLACE	
CITY-ST-ZIP	WINTER PK, FL 32792	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. KRISTIANER M. CRUZADA	
STREET ADDRESS	4559 KAWILLA CREST PLACE	
CITY-ST-ZIP	WINTER PK, FL 32792	
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		

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

March 30, 2001

Date

Daytime Phone #

407-657-2322

CR2E034 (10/00)