

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062523

1. Entity Name

MONEY FOUR MORTGAGES, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90126 041 ***150.00

Principal Place of Business

640 EAST OCEAN AVE
#21
BOYNTON BEACH FL 33435

Mailing Address

640 EAST OCEAN AVE
#21
BOYNTON BEACH FL 33435

2. Principal Place of Business

640 EAST OCEAN AVE
Suite, Apt. #, etc.
#20
City & State
BOYNTON BEACH, FL
Zip
33435
Country
USA/P.B.

3. Mailing Address

640 EAST OCEAN AVE
Suite, Apt. #, etc.
#20
City & State
BOYNTON BEACH, FL
Zip
33435
Country
USA/P.B.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0933959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIRO, MELINDA L
640 EAST OCEAN AVE #21 #20
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

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 MELINDA L. SPIRO, PRESIDENT (SUITE CHANGE ONLY) 1-16-2001
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

TITLE PSD
NAME SPIRO, MELINDA L
STREET ADDRESS 9382 AQUA VISTA BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Melinda L. Spiro, PRES. 1-16-2001, 732-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)