

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076805

1. Entity Name

COLONY TRUST MORTGAGE CORP.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90042 023 ***150.00

Principal Place of Business

1181 N.W. 127TH COURT
MIAMI FL 33182

Mailing Address

1181 N.W. 127TH COURT
MIAMI FL 33182-2032

2. Principal Place of Business

275 FOUNTAIN BLVD

3. Mailing Address

275 FOUNTAIN BLVD

Suite, Apt. #, etc.

SUITE 160

Suite, Apt. #, etc.

SUITE 147

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33172

Country

DADE

Zip

33172

Country

DADE

4. FEI Number

65-0944533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMEYS, JOAQUIN
1181 N.W. 127TH COURT
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

JOAQUIN CAMEJO

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	CAMEJO, JOAQUIN	
STREET ADDRESS	1181 NW 122ND ST.	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, JESUS F	
STREET ADDRESS	12028 SW 5TH CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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

JOAQUIN CAMEJO

01/21/00

Date

305-227-1333

Daytime Phone #