

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103388

1. Entity Name

CREATIVE MORTGAGE SOLUTIONS 2000, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90071 029 ***150.00

Principal Place of Business

7345 NORTHWEST 52ND COURT
LAUDERHILL FL 33319

5747-5749 N University Dr.
TAMARAC Fla 33321

CREATIVE MORTGAGE
SOLUTIONS 2000, INC.
5747-5449 N UNIVERSITY DRIVE
TAMARAC FLORIDA 33321
954-726-7100 FAX 954-726-7115

2. Principal Place of Business

5747-5749 N University Dr.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMARAC Fla

City & State

Same

Fee Number

65-096 4435

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS APUZZO, BARBARA
CITY-ST-ZIP 7345 NORTHWEST 52ND COURT
LAUDERHILL FL 33319

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Barbara Apuzzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

Daytime Phone #

954-726-7100

CR2E034 (9/99)