

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90130 001 ***158.75

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DOCUMENT # P99000105666

1. Entity Name
CRC MORTGAGE, INC.



Principal Place of Business
**18401 MIRAMAR PARKWAY
MIRAMAR FL 33029**

Mailing Address
**17700 SOUTHWEST 7TH STREET
HOLLYWOOD FL 33029**

2. Principal Place of Business
298 NW 172 Ave

Suite, Apt. #, etc.

3. Mailing Address
298 NW 172 Ave

Suite, Apt. #, etc.

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

4. FEI Number **65-0967391**

Applied For
Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

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

**ANDREW KRAMER, CPA
8211 W. BROWARD BLVD. PH-2 1000 SPINE ISLAND ROAD
PLANTATION FL 33324 STE 250**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CAPUOZZO, BRADFORD P**
STREET ADDRESS **17700 SOUTHWEST 7TH STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33029**

TITLE **PSTD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Bradford Capuzzo **BRADFORD CAPUOZZO** **1/23/03** **954-441-4138**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)