

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90246 036 \*\*\*150.00

A0065764

**DOCUMENT #**

L 12663

1. Entity Name

T.A.B. mortgage Corp.

Principal Place of Business

Mailing Address

3425 W Oakland Park Blvd. P.O. Box 9724  
 Lauderdale Lakes, FL Ft. Lauderdale, FL  
 33311-1149 33310-9724

2. Principal Place of Business

3425 W Oakland Park Blvd.

3. Mailing Address

P.O. Box 9724

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0137670

Applied For

Not Applicable

Zip

Country

33311

Broward

Zip

Country

33310

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

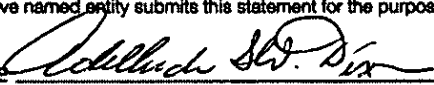
6. Name and Address of Current Registered Agent

Adelheide S.W. Dixon  
 3425 W Oakland Park Blvd.  
 Lauderdale Lakes, FL 33311-1149

7. Name and Address of New Registered Agent

Name  
 Adelheide S.W. Dixon  
 Street Address (P.O. Box Number is Not Acceptable)  
 3425 West Oakland Park Blvd.  
 City  
 Lauderdale Lakes FL Zip Code  
 33311

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  Adelheide S.W. Dixon

4-26-2001

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Dixon, Adelheide S.W.<br>3620 NW 28 Street<br>Lauderdale Lakes, FL 33311 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

  
 Adelheide S.W. Dixon, President

4-26-2001

(954) 486-3360

Date

Daytime Phone #

CR2E034 (11/00)