

2000 UNIFORM BUSINESS REPORT (UBR)

5/

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

05-30-2000 90022 044 ***150.00

DOCUMENT # 628646

1. Entity Name
ALL DADE MORTGAGE CORPORATION

Principal Place of Business
1274 NW 7TH ST
MIAMI FL 33125
US

Mailing Address
1274 NW 7TH ST
MIAMI FL 33125-0702
US

R



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2012 HOLLYWOOD BLVD.

3. Mailing Address
P.O. Box 7

Suite, Apt. #, etc.
SUITE C

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State
HALLANDALE, FL

Zip
33020

Country
BROWARD

Zip
33008

Country
BROWARD

4. FEI Number
59-1923653

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MORANO, JAMES
1274 NW 7TH STREET
MIAMI FL 33125

P.O. Box 7
Hallandale, Fl. 33008

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 *James Morano* **JAMES MORANO** **4/30/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MORANO, JAMES 1274 NW 7TH STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MORANO, STELLA 1274 NW 7TH STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19701 E. Country Club Dr. Aventura Fl. 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 7 HALLANDALE, FL 33008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 7 HALLANDALE FL 33008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19701 E. Country Club Dr. Aventura, Fl. 33180 #202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *James Morano* **JAMES MORANO** **4/30/00** of **954-927-9177**

Signature and typed or printed name of signing officer or director

cellular 305-785-6959

Date Daytime Phone #