

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # **LS2786**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 11 PM 12:25

1. Entity Name

**AMERICA'S SENIOR FINANCIAL SERVICES, INC.**

Principal Place of Business

**9501 N.E. 2<sup>ND</sup> AVE  
MIAMI SHORES, FL  
33128**

Mailing Address

**9501 N.E. 2<sup>ND</sup> AVE  
MIAMI SHORES, FL  
33128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65 0181535**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G., ESQUIRE  
218 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

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

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.

FILE NOW THERE IS \$100.00  
BY MAY 21 2001 Fee will be \$50.00  
Late Charges Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>LOCKE, NELSON, JR</b>	
STREET ADDRESS	<b>15921 SW. 14 ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33027</b>	
TITLE	<b>EVD</b>	<input type="checkbox"/> Delete
NAME	<b>LOCKE, CHERYL D</b>	
STREET ADDRESS	<b>15921 S.W. 14 ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33027</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLUCK, CHARLES M</b>	
STREET ADDRESS	<b>9501 N.E. 2<sup>ND</sup> AVE</b>	
CITY-ST-ZIP	<b>MIAMI SHORES, FL 33138</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHERMAN, THOMAS</b>	
STREET ADDRESS	<b>218 ALMERIA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHELLEY, MICHAEL J</b>	
STREET ADDRESS	<b>15833 S.W. 14<sup>TH</sup> CT</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUONO, MICHAEL</b>	
STREET ADDRESS	<b>1070 E. INDIANTOWN RD STE 410</b>	
CITY-ST-ZIP	<b>JUPITER, FL 33477</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GIRARD, DEAN</b>	
STREET ADDRESS	<b>1070 E. INDIANTOWN RD STE 410</b>	
CITY-ST-ZIP	<b>JUPITER, FL 33477</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>800004649838</b>	
STREET ADDRESS	<b>-10/23/01--01044--014</b>	
CITY-ST-ZIP	<b>****150.00 ****150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CFR2E034 (11/00)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/9/01** **(561) 744-5626**  
Date Daytime Phone #

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**America's Senior Financial Services**  
Reverse Mortgages for Seniors Nation Wide  
9501 NE 2<sup>nd</sup> Avenue - Miami Shores, Florida 33138  
Office (305)751-3232 Fax (305)762-5549  
[www.americasseniior.com](http://www.americasseniior.com)

October 9, 2001

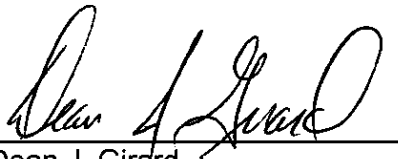
Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern,

Please reinstate the America's Senior Financial Service's Inc. Corporation to active status. We did not receive the renewal as we had moved and the renewal was sent to the old address. Per a conversation, which I had with a member of your staff, I downloaded the form and completed it. I am attaching the form and a check in the amount of \$150.00 per her instructions. Please ensure that we are reactivated.

If you have any questions please contact me at (561) 744-5626 at extension 136.

Thank you for your assistance in this matter.



Dean J. Girard  
Chief Financial Officer