

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90056 036 ***150.00

DOCUMENT # *P96000018753* ✓
 Entity Name
Amerifirst Financial, Corp.

Principal Place of Business Mailing Address
9655 S. Dixie Hwy #212 *Same*
Miami, FL 33156

Principal Place of Business 3. Mailing Address
Same *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number *65-0652562* Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Miguel A. Brizuela
9215 S.W. 78ct.
Miami, FL 33156

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
NAME	DELETE	TITLE	CHANGE / ADDITION
<i>P/ST Miguel A. Brizuela</i>	<input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>9215 S.W. 78 ct.</i>		NAME	
<i>Miami, FL 33156</i>		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Miguel A. Brizuela* 3-28-00 305-661-3227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)