

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000025486** ✓
 1. Entity Name **AVALON MORTGAGE CORP.**
2200 N.W. CORPORATE BLVD. SUITE 314
BOCA RATON, FL. 33431

FILED

00 JUN-09 PM 1:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2200 N.W. CORPORATE BLVD SUITE 314
BOCA RATON, FL. 33431

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
BOCA RATON FLORIDA **BOCA RATON FLORIDA**
 Zip Country Zip Country
33431 USA **33431 USA**

06/09/2000 90218023 \$150.00

4. FEI Number **65-0650793** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SHELLY BLOOM
5768 WATERFORD
BOCA RATON, FL. 33496

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. (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	☐ Delete
PRESIDENT	SHELLY BLOOM	5768 WATERFORD	BOCA RATON, FL. 33496	☐
SEC.	SHELLY BLOOM	5768 WATERFORD	BOCA RATON, FL. 33496	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/00

Date

561-912-1160

Daytime Phone #

CR2E034 (9/99)