

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90053 024 ***150.00

DOCUMENT # P98000011852

1. Entity Name
AMERIFIRST HOME MORTGAGE CORP.

| | | | |
|--|---------|---|---------|
| Principal Place of Business 9240 SUNSET DRIVE #205 MIAMI FL 33173 | | Mailing Address 9240 SUNSET DRIVE #205 MIAMI FL 33173-3263 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0810862** Applied For Not Applied For

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent LAZARO, ENRIQUE 7575 W FLAGLER #200 MIAMI FL 33144 | | 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 _____ (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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--------------------|---------------------------------|---|--|--|
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | PEREZ, ALEJANDRO E | | NAME | | |
| STREET ADDRESS | 10272 SW 27 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33165 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | PEREZ, ILDEFONSO | | NAME | | |
| STREET ADDRESS | 10272 SW 27 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33165 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | FERNANDEZ, JUAN A | | NAME | | |
| STREET ADDRESS | 1224 SW 143 COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33182 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: JUAN A FERNANDEZ **JUAN A FERNANDEZ** 1/11/00 (305) 595-0357
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #