

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039123

1. Entity Name

UNITED AMERICAN MORTGAGE CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90182 016 ***150.00

Principal Place of Business 3395 N DIXIE HWY #3 BOCA RATON FL 33431	Mailing Address 3395 N DIXIE HWY #3 BOCA RATON FL 33431-6009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 211 S. FEDERAL HWY. Suite, Apt. #, etc. SUITE #5	3. Mailing Address 211 S. FEDERAL HWY Suite, Apt. #, etc. SUITE #5
City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33435	Country USA

4. FEI Number 65-0833058	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, SHALOM
 3395 N DIXIE HWY
 #3
 BOCA RATON FL 33431

Name 211 S. FEDERAL HWY, SUITE #5
Street Address (P.O. Box Number is Not Acceptable)
City BOYNTON BEACH FL Zip Code 33435

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] VICE-PRESIDENT DATE 4-25-00
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.

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 D <input checked="" type="checkbox"/> Delete	NAME GOLDBERG, SHALOM	STREET ADDRESS 3395 N DIXIE HWY, #3	CITY-ST-ZIP BOCA RATON FL 33431
TITLE DEV <input type="checkbox"/> Delete	NAME PROSKE, KENNETH I	STREET ADDRESS 630 MARINERS WAY	CITY-ST-ZIP BOYNTON BEACH FL 33435
TITLE D <input type="checkbox"/> Delete	NAME HARRISON, WILLIAM	STREET ADDRESS 3395 N DIXIE HWY, #3	CITY-ST-ZIP BOCA RATON FL 33431
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME DAVID LOPEZ	STREET ADDRESS 211-85 S Federal Hwy	CITY-ST-ZIP Boynton Beach, FL 33435
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	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: [Signature] Date 4-25-2000 Daytime Phone #

CR2E034 (9/99)