

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035009

1. Entity Name

ALL CREDIT MORTGAGE & INVESTMENTS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90562 014 ***150.00

Principal Place of Business

4200 COMMUNITY DR.,STE.2215
WEST PALM BEACH FL 33409

Mailing Address

4200 COMMUNITY DR.,STE.2215
WEST PALM BEACH FL 33409-2753

2. Principal Place of Business

3951 N. Haverhill Rd.
Suite, Apt. #, etc.
#214
City & State
W. Palm Beach, FL
Zip
33417 Country
USA

3. Mailing Address

3951 N. Haverhill Rd.
Suite, Apt. #, etc.
#214
City & State
W. Palm Beach, FL
Zip
33417 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0911580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LALWANI, ANIL
4200 COMMUNITY DR.,STE.2215
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name
Lalwani, Anil
Street Address (P.O. Box Number is Not Acceptable)
125 Sycamore Dr.
City
Royal Palm Beach FL Zip Code
33417

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

President 4/24/00
Anil Lalwani

Date

Daytime Phone #

561-951-7000

CR2E034 (9/99)