

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90548 024 ***150.00

DOCUMENT # P99000035009

1. Entity Name
ALL CREDIT MORTGAGE & INVESTMENTS, INC.

Principal Place of Business
3951 N HAVERHILL ROAD
#214
WEST PALM BEACH FL 33417

Mailing Address
3951 N HAVERHILL ROAD
#214
WEST PALM BEACH FL 33417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3897 N. Haverhill Rd
Suite, Apt. #, etc. #127

3897 N. Haverhill Rd
Suite, Apt. #, etc. #127

City & State
W. Palm Bch, FL
Zip 33417
Country USA

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W. Palm Bch, FL
Zip 33417
Country USA

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

7. Name and Address of New Registered Agent

LALWANI, ANIL
125 SYCAMORE DRIVE
WEST PALM BEACH FL 33417

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 *Anil Lalwani* **DATE** **4/21/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P LALWANI, ANIL 125 SYCAMORE DRIVE WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: *Anil Lalwani* **DATE** **4/21/02** **Daytime Phone #** **561-951-7008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)