

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90226 006 ***150.00

DOCUMENT # P99000035009

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



Principal Place of Business
3897 N HAVERHILL RD
127
WEST PALM BEACH FL 33417

Mailing Address
3897 N HAVERHILL RD
127
WEST PALM BEACH FL 33417



2. Principal Place of Business

3. Mailing Address

2300 Palm Beach Lakes Blvd
Suite, Apt. #, etc. 207-B

2300 Palm Beach Lakes Blvd
Suite, Apt. #, etc. 207-B

☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL West Palm Beach, FL

4. FEI Number 65-0911580

Applied For
Not Applicable

Zip Country 33409 USA

Zip Country 33409 USA

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 Lalwani, Anil

Street Address (P.O. Box Number is Not Acceptable)
125 Sycamore Dr.

City Royal Palm Beach FL Zip Code 33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anil Lalwani, President 4/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LALWANI, ANIL
STREET ADDRESS 125 SYCAMORE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE P
NAME Lalwani, Anil
STREET ADDRESS 125 Sycamore Dr.
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anil Lalwani 4/19/03 561-951-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)