

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 525484

1. Entity Name

ADVANCED MORTGAGE INVESTMENT COMPANY, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90049 020 ***150.00

00060860

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

330 N Biscayne Blvd Suite 806
Miami, FL 33132-9245 US

330 N Biscayne Blvd Suite 806
Miami, FL 33132-2244 US

2. Principal Place of Business

3. Mailing Address

432 Como Ave
Suite, Apt. #, etc.

432 Como Ave
Suite, Apt. #, etc.

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33146

U.S.A.

33146

U.S.A.

4. FEI Number

59-24669669

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

Akram Jurdi
330 North Biscayne Blvd
Suite 806
Miami, FL 33132

Name

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

432 Como Ave.

City

Coral Gables

FL

Zip Code

33146

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

Akram J. Jurdi, President

(NOTE: Registered Agent signature required when reinstating)

05/25/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD Jurdi, Akram 432 Como Avenue Coral Gables, FL	<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
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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

Akram J. Jurdi, President

(305) 371-8181

Date

05/25/00

Daytime Phone #

CR2E034 (9/9)