

2002 UNIFORM BUSINESS REPORT (UBR)

0000919 AV

DOCUMENT # **A98000000093**

1. Entity Name
ALLIED HOME MORTGAGE, LTD.

FILED

02 APR 29 AM 9:01

Principal Place of Business
**ONE S.E. 3RD AVENUE, 15TH FLOOR
MIAMI FL 33131**

Mailing Address
**ONE S.E. 3RD AVENUE, 15TH FLOOR
MIAMI FL 33131**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
200 S BISCAYNE BLVD

3. Mailing Address
200 S BISCAYNE BLVD

Suite, Apt. #, etc.
6TH FLOOR

Suite, Apt. #, etc.
6TH FLOOR

DUE BY MAY 1, 2002

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0801879

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
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

**SCHULTZ, TERRENCE A
ONE SE THIRD AVE., 15TH FLOOR
MIAMI FL 33131**

Name
SCHULTZ, TERRENCE A
Street Address (P.O. Box Number is Not Acceptable)
**200 S BISCAYNE BLVD
6TH FLOOR**
City
MIAMI FL Zip Code
33131

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 **Terrence A Schultz** DATE **4/25/02**
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L97000000838**
NAME **HOME MORTGAGE MANAGEMENT, L.C.**
STREET ADDRESS **ONE SE THIRD AVE., 15TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS **200 S BISCAYNE BLVD 6TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33131**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Terrence A Schultz** DATE **4/25/02** DAYTIME PHONE # **305 379.7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)