## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F9900006256 Jul 18, 2000 8:00 am Secretary of State 1. Entity Name ALLIANCE MORTGAGE BANKING CORP. 07-18-2000 90011 026 \*\*\*150.00 Principal Place of Business Mailing Address 3601 HEMPSTEAD TURNPIKE, SUITE 305 3601 HEMPSTEAD TURNPIKE, SUITE 305 LEVITTOWN NY 11756 **LEVITTOWN NY 11756** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FFI Number Applied For City & State 11-2762240 112672240 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent ≥6.\_Name and Address of Current Registered Agent ←> Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PCD** ☐ Delete TITLE TITI E MURPHY, JOHN NAME NAME STREET ADDRESS 3601 HEMPSTEAD TURNPIKE, SUITE 305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEVITTOWN NY 11756** Change ☐ Addition TITLE ☐ Delete TITLE MURPHY, SUSAN NAME NAME 3601 HEMPSTEAD TURNPIKE, SUITE 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEVITTOWN NY 11756** ☐ Change - 🗀 Addition Delete ---TITLE: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.



LICENSED MORTGAGE BANKER • NYS BANKING DEPARTMENT

3601 HEMPSTEAD TPKE. • SUITE 305 • LEVITTOWN, NY 11756 • Tel.: (516) 520-4100 • Tel.: (718) 470-0099 • Fax: (516) 520-4110

July 10, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tällähassee, FL 22302

Re:

2000 Uniform Business Report (UBR)

Fed. ID # 11-2672240 Doc. # F9900006256

## Gentlemen:

We apologize for not filing on a timely basis, but we had not received the first notice. Please accept our payment for \$150.00.

Very truly yours,

President

