

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90226 022 ***150.00

DOCUMENT # G69819

1. Entity Name

AMERILOAN MORTGAGE CORP.

Principal Place of Business

Mailing Address

5193 S. UNIVERSITY DR.
 DAVIE, FL 33328

5193 S. UNIVERSITY DR.
 DAVIE, FL 33328

2. Principal Place of Business

5193 S. UNIVERSITY DR.

3. Mailing Address

5193 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

Country

Zip

Country

33328

33328

4. FEI Number

59-2437143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARULANDA, PABLO A
 5193 S. UNIVERSITY DR.
 DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name

MARULANDA, PABLO A.

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

5193 S. UNIVERSITY DR.

City

DAVIE,

FL

Zip Code
 33328

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DO
 NAME MARULANDA, PABLO A
 STREET ADDRESS 5193 S. UNIVERSITY DR.
 CITY-ST-ZIP DAVIE, FL 33328

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 5193 S. UNIVERSITY DR.
 CITY-ST-ZIP DAVIE, FL 33328

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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 is 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone