2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCU 1. Entity Na	JMENT # . G69819	र्				retary 3-2001 9022 <i>6</i>		
AMERII	LOAN MORTGAGE CORP.				7		130	
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سيتم الزا	ace of Business	Mailing Address				บอฮต	10	
	UNIVERSITY DR.	5193 S. UNIV			-	•		
DAVIE,	FL 33328	DAVIE, FL 33	328					
Parada	District Control of the Control of t	Lo Mallian Addison			1			
	Place of Business UNIVERSITY DR.	3. Mailing Address 5193 S. UNIV	ERSTTY DR.	ļ				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			DOM	NOT WRITE IN TI	HIS SPACE	, Th
City & Sta	ate	City & State		4.	FEI Number	 59-243714	13	oplied For
DAVIE,	- 	DAVIE, FT	1 6					lot Applicable
Zip 1 33328	Country	33328 m	Country	5.	Certificate of Status D	Desired	\$8.75 Ac Fee Requir	
	6. Name and Address of Curren			7.	Name and Address o	of New Register	ed Agent	
	, 		Name	MARULA	NDA, PABLO	Α.		
MARULANDA, PABLO A 5193 S. UNIVERSITY DR.			Street	Address (P.O. I	Box Number is Not Ac	cceptable)	•	
	E, FL 33328			5193 S. UNIVERSITY DR.				
			City	DAVIE,		F	-L Zip Coo	de 8
8. The above	e named entity submits this statement f	or the purpose of charinging his		g		.//22	6.	
9. This corp	Squature, type of printed name of registered agentoration is eligible to satisfy its intangible requirement and elects to do so.	e FILE NOW	E Registered Agent sign II) FEE IS \$150 111 Fee Will be \$150	ature required when r	einstating) 10. Election Carry Trust Fund Co		fie \$5.0	00 May Be
9. This corp Tax filing (See crite	Signature, typed a primed ramed of registered agenoration is eligible to satisfy its intangible requirement and elects to do so.	e After MAY 1, 22 Make Check Payal	E Registered Agent sign IIIFEE IS \$150 IIIFEE WIII be S bie to Departme	ature required when r	10. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.0	d to Fees
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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 n y 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 employeed in 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: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Daytime Phone #