

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90136 037 ***150.00

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DOCUMENT # G69819

1. Entity Name
AMERILOAN MORTGAGE CORP.



Principal Place of Business
5193 S UNIVERSITY DR
DAVIE FL 33328
US

Mailing Address
PO BOX 267068
WESTON FL 33326-7068
US

11012014



2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.
P.O. Box 267068

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State

4. FEI Number **59-2437143**

Applied For
Not Applicable

Zip
33326

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARULANDA, PABLO A
5193 S UNIVERSITY DR
DAVIE FL 33328

Name

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

2654 Edgewater Dr.

City **WESTON**

FL **33332**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DO** ☐ Delete
NAME **MARULANDA, PABLO A**
STREET ADDRESS **PO BOX 267068**
CITY-ST-ZIP **WESTON FL 33326-7068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

954.389.6229

Daytime Phone #

CR2E034 (10/02)