

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90185 029 \*\*\*150.00

**DOCUMENT # G98846**

1. Entity Name

**AMERICAN MORTGAGE ACCEPTANCE CORPORATION**

Principal Place of Business

8735 GRASSY ISLE TRAIL  
LAKE WORTH FL 33467  
US

Mailing Address

8735 GRASSY ISLE TRAIL  
LAKE WORTH FL 33467  
US

2. Principal Place of Business

**5301 N. FEDERAL HWY**

3. Mailing Address

**5301 N. FEDERAL HWY**

Suite, Apt. #, etc.

**SUITE 170**

Suite, Apt. #, etc.

**SUITE 170**

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

Zip

**33487**

Country

**US**

Zip

**33487**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2378631**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RASKIN IRWIN**

**8735 GRASSY ISLE TRAIL  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

**EDWARD FEINSTEIN**

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

**5301 N. FEDERAL HWY**

**SUITE 170**

City

**BOCA RATON**

**FL**

Zip Code

**33487**

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

*Edward Feinstein*

**V-PRES. EDWARD FEINSTEIN**

**4-15-02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>RASKIN, IRWIN</b> <b>8735 GRASSY ISLE TRAIL</b> <b>LAKE WORTH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RASKIN, IRWIN</b> <b>8735 GRASSY ISLE TRAIL</b> <b>LAKE WORTH, FL 33467</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KRAKOVER, TED</b> <b>17190 CORAL COVE WAY</b> <b>BOCA RATON, FL 33489</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.V.P.S.</b> <b>FEINSTEIN, EDWARD</b> <b>16710 SENTERRA DRIVE</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHERMAN, WILFRED</b> <b>790 BOYLSTON ST. SUITE 11H</b> <b>BOSTON, MASS. 02199</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

*Edward Feinstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V-PRES.**

**4-15-02**

**(561) 997-8810**

Date

Daytime Phone #

CP2E034 (9/01)