

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000020191

FILED
Apr 29, 2003
Secretary of State

Entity Name: AMERIMORTGAGE BANKERS, LLC

Current Principal Place of Business:

11780 SW 89TH STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11780 SW 89TH STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 61-1421201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBLES, FRANCISCO C
11030 NORTH KENDALL DRIVE, SUITE 100
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FINANCIAL SERVICE CO, RPORATION OF F L ORIDA,
Address: 11030 N KENDALL DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: S&S COMPANY OF SOUTH, FLORIDA, INC.
Address: 11780 SW 89 STREET
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: ST. GEORGE INVESTORS, , CORP.
Address: 1401 PONCE DE LEON BLVD., SUITE 401
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: EXPERTISE INTERNATIO, NAL CORPORATIO N
Address: 13200 SW 128 STREET - F1
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MIGUEL SALGUEIRO

OFFI

04/29/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date