

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000716

1. Entity Name

AMERICAN HOME MORTGAGE AND ASSOCIATES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business

150 S PINE ISLAND ROAD #105  
PLANTATION FL 33324

Mailing Address

150 S PINE ISLAND ROAD #105  
PLANTATION FL 33324-2605

2. Principal Place of Business

2133 N. Commerce Parkway

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

WESTON, FL

4. FEI Number

65-0609355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRAUS, ARNOLD M  
10081 PINES BLVD SUITE C  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	STAMPLER, STEFAN	
STREET ADDRESS	150 S PINE ISLAND ROAD #105	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	STERN, RUSSELL T	
STREET ADDRESS	280 MOUNTAIN ROAD	
CITY-ST-ZIP	ENGLEWOOD NJ 07024	
TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	STERN, MARK S	
STREET ADDRESS	280 MOUNTAIN ROAD	
CITY-ST-ZIP	ENGLEWOOD NJ 07024	
TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	STERN, DOUGLAS A	
STREET ADDRESS	280 MOUNTAIN ROAD	
CITY-ST-ZIP	ENGLEWOOD NJ 07024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAMPLER, SHERRY	
STREET ADDRESS	2697 EDGEWATER COURT	
CITY-ST-ZIP	WESTON, FL 33332	
TITLE	MEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERN, EVAN	
STREET ADDRESS	280 MOUNTAIN ROAD	
CITY-ST-ZIP	ENGLEWOOD, NJ 07024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/24/00 957 384 2440 x15

CR2E083 (9/99)