

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # M08506**1. Entity Name
ADJUSTABLE MORTGAGE FINANCE CORPORATION**Principal Place of Business**C/O DAVID B. MCCAIN, ESQ.
730 NW 107TH AVE
MIAMI
33172

FL

Mailing AddressC/O DAVID B. MCCAIN, ESQ.
700 NW 107TH AVENUE
MIAMI
33172

FL

2. Principal Place of Business

730 NW 107 AVE

3. Mailing Address

C/O DAVID B. MCCAIN, ESQ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700 NW 107TH AVENUE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33172

Country

US

Zip

33172

Country

US

4. FEI Number**59-2477188**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCCAIN, DAVID B., ESQ.
700 NW 107TH AVENUE

MIAMI

33172

FL

US

7. Name and Address of New Registered Agent

Name

MCCAIN DAVID BESQ.

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

700 NW 107TH AVENUE

City

MIAMI

FL

Zip Code

33172

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 **DAVID B. MCCAIN****01/25/2001**

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, 2001 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	VS	<input type="checkbox"/> Delete
NAME	MODIST DEBRA	
STREET ADDRESS	700 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	KAMINSKY, NANCY	
STREET ADDRESS	730 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	IRVINE PATRICIA	
STREET ADDRESS	730 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REED LINDA	
STREET ADDRESS	730 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MUNOZ, JANICE	
STREET ADDRESS	700 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	PEKOR ALLAN J.	
STREET ADDRESS	700 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODIST DEBRA	
STREET ADDRESS	730 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY NANCY	
STREET ADDRESS	730 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
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		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ JANICE	
STREET ADDRESS	730 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR ALLAN J	
STREET ADDRESS	730 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	

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: **Janice Munoz**

VT

01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)