

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M21309**

1. Entity Name
AUTO MORTGAGE BANKERS CORPORATION

FILED

01 OCT -2 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**7575 W. FLAGLER ST
MIAMI FL 33144
US**

Mailing Address
**PO BOX 141660
CORAL GABLES FL 33114
US**

2. Principal Place of Business
5250 SW 85T

3. Mailing Address

Suite, Apt. #, etc.
SUITE 250

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33134

Country
DADE

Zip

Country

REINSTATEMENT THIS SPACE

4. FEI Number
59-2642683

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**AGUDO, PEDRO
7575 W FLAGLER ST
MIAMI FL 33144**

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 **Pedro Agudo** **9/27/01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
DP

NAME
AGUDO, PEDRO

STREET ADDRESS
7575 W FLAGLER ST

CITY-ST-ZIP
MIAMI FL 33144

☐ Delete

TITLE
VP

NAME
RAVELO-AGUDO LINA

STREET ADDRESS
7575 W FLAGLER ST

CITY-ST-ZIP
MIAMI FL 33144

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

200004641972-5
-10/18/01--01065--009
*****300013 ***750.00**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

750 each

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ 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 info empowered.

SIGNATURE: **Pedro Agudo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Agudo 9/27/01 305-443-7929

CR2E034 (5/01)