

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91790 028 ***150.00

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AV

DOCUMENT # M21309

1. Entity Name
AUTO MORTGAGE BANKERS CORPORATION



Principal Place of Business
5250 S.W. 8TH STREET
STE. 250
MIAMI FL 33134
US

Mailing Address
P.O. BOX 141660
CORAL GABLES FL 33114



2. Principal Place of Business

3. Mailing Address

5200 SW 8 street

Suite, Apt. #, etc.
ste 250

City & State
Miami FL

Zip
33134

Country

Suite, Apt. #, etc.

City & State

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

AGUDO, PEDRO
7575 W FLAGLER ST
MIAMI FL 33144

Name

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

5200 SW 8 ST

Suite 250

City

Miami

FL

Zip Code

33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature of and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME AGUDO, PEDRO
STREET ADDRESS 7575 W FLAGLER ST
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5200 SW 8ST Suite 250
CITY-ST-ZIP Miami FL 33134

TITLE VP ☐ Delete
NAME RAVELO-AGUDO LINA
STREET ADDRESS 7575 W FLAGLER ST
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5200 SW 8ST Suite 250
CITY-ST-ZIP Miami FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

(305) 443 7929
Daytime Phone #

CR2E034 (10/02)