

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90136 031 \*\*\*\*70.00

DOCUMENT # **N22030** ✓

1. Entity Name **Miami Chapter of the Florida  
Association of Mortgage Brokers Inc.**

**DO NOT WRITE IN THIS SPACE**

**830670**

2. Principal Place of Business  
**FAMB- Miami**

3. Mailing Address  
**FAMB**

Suite, Apt. #, etc.  
**17725 84th Ct N**

Suite, Apt. #, etc.  
**1292 Cedar Center Dr**

City & State  
**Luxemburg FL**

City & State  
**Tallahassee FL**

Zip  
**33470**

Country

Zip  
**32301**

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**650039750**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Karen Woodell-Smith**

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

**1292 Cedar Center Dr**

City  
**Tallahassee**

**FL**

Zip Code

**32301**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **RD** President, Director  
NAME **Louderes L. Alvarez**  
STREET ADDRESS **8245 NW 36th St**  
CITY- ST- ZIP **Miami, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **D** Director  
NAME **Gary Opper**  
STREET ADDRESS **1304 NW 110th Ave #355**  
CITY- ST- ZIP **Jupiter, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **T** Treasurer  
NAME **Carol N. Brown**  
STREET ADDRESS **7834 NW 14th St**  
CITY- ST- ZIP **Miami, FL 33015**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **S** Secretary  
NAME **Michelle L. Lippert**  
STREET ADDRESS **8222 NW 200th Term**  
CITY- ST- ZIP **Miami, FL 33015**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **VP** Vice President  
NAME **Sylvia Davide**  
STREET ADDRESS **7333 Coral Way**  
CITY- ST- ZIP **Miami, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Louderes L. Alvarez**

Date

**3/25/2002**

Daytime Phone #

CR2E037B (12/01)