

**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.**

830670

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business FAMB- Miami Suite, Apt. #, etc. 17725 84th Ct N City & State Loxahatchee FI Zip 33470 Country		3. Mailing Address FAMB Suite, Apt. #, etc. 1292 Cedar Center Dr City & State Tallahassee FI Zip 32301 Country	
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4. FEI Number 650039750	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
RD	President, Director		Lourdes L. Alvarez	8245 NW 36th St	Miami, FI 33166
D	Director		Gary Opper	1304 NW 116th Ave # 355	Jupiter, FI 33324
T	Treasurer		Carol Nbaricq	7834 NW 14th St	Miami, FI 33015
S	Secretary		Michelle Laplant	2222 NW 200 Terma C	Miami, FI 33015
VP	Vice President		Sylvie Davide	7333 Coral Way	Miami, FI 33155

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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 I am empowered.

SIGNATURE: **Lourdes L. Alvarez** **3/25/2002** **309-720-8912**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/01)