

2002 UNIFORM BUSINESS REPORT (UBR)

3/26

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-26-2002 90053 019 ***158.75

DOCUMENT # P00000002132

1. Entity Name

AFAM, INC.

Principal Place of Business

Mailing Address

~~O/O RMF, 201 S. BISCAYNE BLVD.~~
~~STE 1600~~
~~MIAMI FL 33131~~

~~O/O RMF, 201 S. BISCAYNE BLVD.~~
~~STE 1600~~
~~MIAMI FL 33131~~

24853



2. Principal Place of Business

3. Mailing Address

2121 POINTE DE LEON BLVD

2121 POINTE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 721

SUITE 721

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

4. FEI Number

65-0981668

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

33134

USA

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

~~CORPORATION COMPANY OF MIAMI~~
~~201 S. BISCAYNE BLVD.~~
~~1600 MIAMI CENTER~~
~~MIAMI FL 33131~~

Name

ALBERT VEGA

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

2121 POINTE DE LEON BLVD

SUITE 721

City

CORAL GABLES

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.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

ALBERT VEGA

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GETREIDE, PATRICK**
STREET ADDRESS **1500 MIAMI CENTER**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P/D** ☒ Change ☐ Addition
NAME **GETREIDE, PATRICK**
STREET ADDRESS **2121 POINTE DE LEON BLVD, STE 721**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VP** ☒ Delete
NAME **FRIEDBAUER, ROGER**
STREET ADDRESS **1500 MIAMI CENTER**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☐ Change ☒ Addition
NAME **ALBERT P. VEGA**
STREET ADDRESS **2121 POINTE DE LEON BLVD, STE 721**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 empowerment.

SIGNATURE:

SIGNATURE: PATRICK GETREIDE

3/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)