2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90306 002 ***150.00

DOCUMENT # P00000086787

1. Entity Name

ALL CITY MORTGAGE FINANCE CORP.

Principal Place of Business	Mailing Address
15221 S.W. 144TH ST MIAMI FL 33196	15221 S.W. 144TH ST MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9425 SW SUNSET DR	9425 SW SUNSET DR
Suite, Apt. #, etc. 172	Suite, Apt. #, etc. 172
City & State miami Fl	City & State miami Fl
Zip 33173 / Country USA	Zip 33173 / Country USA

4. FEI Number 65-1039168 ☐ 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
THOMAS, SIRIA 15221 S,W, 144TH ST MIAMI FL 33196	Name THOMAS, SIRIA Street Address (P.O. Box Number is Not Acceptable) 9425 SW SUNSET DR STE 172 City miami FL Zip Code 33173

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] 01/8/01
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 $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD THOMAS, SIRIA 15221 S,W, 144TH ST MIAMI FL 33196 ☐ Delete	☒ Change ☐ Addition 9425 SW SUNSET DR STE 172 miami, FL 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSV THOMAS, SIRIA 15221 S,W, 144TH ST MIAMI FL 33196 ☐ Delete	☑ Change ☐ Addition 9425 SW SUNSET DR STE 172 miami, Fl 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ 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 like empowered.

SIGNATURE: [signature] 01/8/01 (305) 273-9425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)