FILED
02 MAY 10 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086787

1. Entity Name
ALL CITY MORTGAGE FINANCE CORP.

Principal Place of Business
9425 SW SUNSET DR
172
MIAMI FL 33173

Mailing Address
9425 SW SUNSET DR
172
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9425 SW Sunset Dr.
Suite, Apt. #, etc.: 172
City & State: Miami FL
Zip: 33173 Country: Dade

3. Mailing Address: 9425 SW Sunset Dr
Suite, Apt. #, etc.: 172
City & State: Miami FL
Zip: 33173 Country: Dade

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
THOMAS, SIRIA
9425 SW SUNSET DR
SUITE 172
MIAMI FL 33173

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

TITLE	VTD
NAME	THOMAS, SIRIA
STREET ADDRESS	9425 SW SUNSET DR STE#172
CITY-ST-ZIP	MIAMI FL 33173
TITLE	PSV
NAME	THOMAS, SIRIA
STREET ADDRESS	9425 SW SUNSET DR STE#172
CITY-ST-ZIP	MIAMI FL 33173

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000005620540--4
-05/28/02--01019--004
****150.00 ****150.00

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: Siria Thomas — 4/26/02 — (305) 273-9425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #