

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90728 016 \*\*\*150.00

**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**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **Emilio Arturo Patxot**

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

**9425 Sunset Drive Suite 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**RESIDENT 2/24/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, SIRIA</b>	
STREET ADDRESS	<b>9425 SW SUNSET DR STE#172</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>PSV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS, SIRIA</b>	
STREET ADDRESS	<b>9425 SW SUNSET DR STE#172</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President (PSV)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Emilio Arturo Patxot</b>	
STREET ADDRESS	<b>9425 Sunset Drive Ste 172</b>	
CITY-ST-ZIP	<b>Miami FL 33173</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/03 (305) 273-9425**

Date

Daytime Phone #

CR2E034 (10/02)