

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90360 027 ***150.00

DOCUMENT # P01000012654

1. Entity Name
ALL FLORIDA MORTGAGE, INC.

Principal Place of Business
2121 PONCE DE LEON BLVD. SUITE 1035
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD. SUITE 1035
CORAL GABLES FL 33134

2. Principal Place of Business
5555 SW 94th Court
 Suite, Apt. #, etc.

3. Mailing Address
5555 SW 94th Ct.
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1081531

Applied For
 Not Applicable

Zip
33165

Country

Zip
33165

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERT W
2121 PONCE DE LEON BLVD, SUITE 1035
CORAL GABLES FL 33134

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

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PVST
MUSE, JOSE L
7281 CORAL WAY
MIAMI FL 33155 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
MUSE, JOSE L
7281 CORAL WAY
MIAMI FL 33155 ☐ Delete

TITLE
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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 REQUIRED
JOSE L. MUSE, PRESIDENT

(305) 275-6920
03/13/02

Daytime Phone #

CR2E034 (9/01)