2002 Uniform Business Report (UBR)

indicated on this report or supplemental report is true and accurate and that my softhe corporation or the receiver or trustee empowered to execute this report as

changed, or on an attachment

SIGNATURE:

Mar 14, 2002 8:00 am P01000058702 DOCUMENT # **Secretary of State** 1. Entity Name ALL AMERICAN MORTGAGE ASSOCIATES, INC. 03-14-2002 90064 021 ***150.00 Principal Place of Business Mailing Address 9301 NE 6TH AVENUE 9301 NE 6TH AVENUE SUITE A-100 SUITE A-100 MIAM! SHORES FL 33138 MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-1115245 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POLANCO, NOLA A Street Address (P.O. Box Number is Not Acceptable) **5825 COLLINS AVENUE** 2049 SO OCEAN DR MIAMI BEACH FL 33140 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition E034 (9/01 Delete TITLE TITLE POLANCO, NOLA A NAME NAME STREET ADDRESS **5825 COLLINS AVENUE** STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

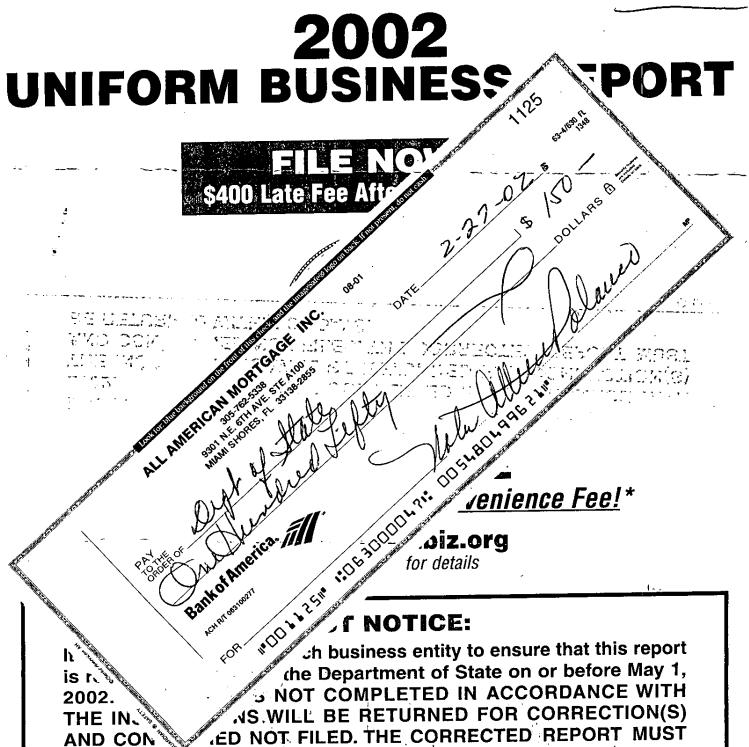
FILED

Ignature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

337330



BE RETURN & WITHIN 30 DAYS.