

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-22-2002 90034 041 ***150.00

DOCUMENT # P01000071336

1. Entity Name

AFFORDABLE MORTGAGE & LOAN SERVICES INC.

Principal Place of Business

11000 SW 23RD STREET
DAVIE FL 33324

Mailing Address

11000 SW 23RD STREET
DAVIE FL 33324

2. Principal Place of Business

2500 N. UNIVERSITY DR 11000 S-W 23RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #15

City & State

City & State

SUNRISE FL

DAVIE FL

Zip

Country

Zip

Country

33322 BROWARD

33324 BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSSAIN, MITHAVAYANI
11000 SW 23RD STREET
DAVIE FL 33324

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

Hussain Mithavayani

03/06/02

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: PRESIDENT
NAME: HUSSAIN MITHAVAYANI
STREET ADDRESS: 11000 S-W 23RD ST
CITY-ST-ZIP: DAVIE FL 33324 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Hussain Mithavayani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

954-731-8383

Daytime Phone #

CR2E034 (9/01)