2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)			FILED
DOCUMENT # P0100076676 1. Entity Name A MORTGAGE FINANCE, INC.			Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90345 014 ***158.75
Principal Place of Business 2012 PITCH WAY KISSIMMEE FL 34746	Mailing Address 2012 PITCH WAY KISSIMMEE FL 34746		
2. Principal Place of Business 2012 PiTcH Way Suite, Apt. #, etc.	3. Mailing Address 2012 Suite, Apt. #, etc.	PITCH WAY	DO NOT WRITE IN THIS SPACE
City & State Kissimmee FL	City & State		4. FEI Number Applied For Not Applied Service Not Applied For Not Applied Service Not Applied For Not Applied
Zip Country USA 6. Name and Address of Current F	Zip 34746	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required
NARANJO, LEONORA 2012 PITCH WAY KISSIMMEE FL 34746		Street Address	7. Name and Address of New Registered Agent PANA - ECHAVARRIA (P.O. Box Number is Not Acceptable) PITCH WAY CISSIMAEE FL Zip Code 34746
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent and 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so: (See criteria on back)	d title if applicable. (NOTE: 1	egistered office or registe	ered agent, or both, in the State of Florida. 5. dest 4-12-02 ad when reinstaling) DATE 10. Election Campaign Financing \$5.00 May Be
11. OFFICERS AND D	1	12,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THILE NAME NAME STREET ADDRESS CITY-ST-ZIP D NARANJO, LEONORA 2012 PITCH WAY KISSIMMEE FL 34746	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIRECTOR Change Addition S TUAN A. ECHANARAIA 2012 PITCH WAY 36766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-PRESIDENT- SECRETARY TREASURER 10710 NW 66 STREET # 206 MIRMI F(33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Noel Approyo - Vice - Passident 505 Glade Ct, Kissignes Fl 34779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with the	is filing does not qualify for the	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Color 119.07(3)(i) Florida Statutes Lighter 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:**