

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90062 017 ***158.75

0594137 AV

DOCUMENT # P01000076676

1. Entity Name

A MORTGAGE FINANCE, INC.



Principal Place of Business
**903 EMMETT STREET SUITE #1
KISSIMMEE FL 34741**

Mailing Address
**903 EMMETT STREET SUITE #1
KISSIMMEE FL 34741**

2. Principal Place of Business

903 EMMETT STREET

3. Mailing Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

Zip

34741

Country

USA

Zip

Country

4. FEI Number

59-3743414

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ECHAVARRIA, JUAN A
2012 PITCH WAY
KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JUAN A. ECHAVARRIA - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-03

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 **PD** ☐ Delete
NAME **ECHAVARRIA, JUAN A**
STREET ADDRESS **2012 PITCH WAY**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VP** ☒ Delete
NAME **ARROYO, NOEL**
STREET ADDRESS **505 GLADE CT**
CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE **VICE PRESIDENT-TREASURER** ☐ Delete
NAME **JEFFREY A. ECHAVARRIA**
STREET ADDRESS **10710 N.W. 66 ST #206, MIAMI FL 33178**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JEFFREY A. ECHAVARRIA** ☐ Change ☒ Addition
NAME **VICE PRESIDENT/TREASURER**
STREET ADDRESS **10710 N.W. 66 ST #206 MIAMI FL 33178**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY A. ECHAVARRIA 4/8/03 407-944-9299

Date

Daytime Phone #

CR2E034 (10/02)