2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087802

1. Entity Name

AGENTS OF AMERICA MORTGAGE CORP.

FILED
02 MAY -1 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
782 N.W. LEJEUNE RD 440 MIAMI FL 33126 US	782 N.W. LEJEUNE RD. 440 MIAMI FL 33126 US

2. Principal Place of Business		3. Mailing Address	
11200 Pines Boulevard		11200 Pines Boulevard	
Suite, Apt. #, etc.: 200		Suite, Apt. #, etc.: Suite 200	
City & State: Pembroke Pines, Florida		City & State: Pembroke Pines, Florida	
Zip: 33026	Country: Broward	Zip: 33026	Country: Broward

4. FEI Number: 65-1135844 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IBRAHIM, ODALYS M.
782 N.W. LEJEUNE RD.
SUITE 440
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 11200 Pines Bouleavard

Suite 200

City: Pembroke Pines **FL** Zip Code: 33026

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)

100005556881--9
-05/17/02--01031--010
****600.00 ****150.00

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	Erasmo Ibrahim	NAME	ERASMO IBRAHIM
STREET ADDRESS	782 N.W. LeJeune Road, Suite 440	STREET ADDRESS	11200 Pines Boulevard, Suite 200
CITY-ST-ZIP	Miami, Florida 33126	CITY-ST-ZIP	Pembroke Pines, Florida 33026
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Erasmo Ibrahim 4/29/2002 (954)435-3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #