

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 024 ***150.00

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DOCUMENT # P01000089917

1. Entity Name

ALL PROPERTY MORTGAGE CORP.



Principal Place of Business
11111 BISCAYNE BOULEVARD
SUITE 1007
MIAMI FL 33181

Mailing Address
11111 BISCAYNE BOULEVARD
SUITE 1007
MIAMI FL 33181

2. Principal Place of Business

2640 Hollywood Blvd

3. Mailing Address

Suite, Apt. #, etc.
Suite 212

Suite, Apt. #, etc.

Suite 212

City & State

Hollywood FL

City & State

Zip Country

Zip

33020

Country

Broward

Zip

Country

4. FEI Number

65-1136724

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

MORALES, ALEX
11111 BISCAYNE BOULEVARD
SUITE 1007
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name **MORALES, ALEXANDER**

Street Address (P.O. Box Number is Not Acceptable)

2640 Hollywood Blvd Suite 212

City **Hollywood**

FL

Zip Code **33020**

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 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PSTD** ☐ Delete
NAME **MORALES, ALEXANDER**
STREET ADDRESS **11111 BISCAYNE BOULEVARD #1-1007**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)