FILED
Jul 30, 2002 8:00 am
Secretary of State
05-06-2002 90153 045 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093669

1. Entity Name

AMERICAN ATLANTIC MORTGAGE CORP.

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[redacted]

40075

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
18090 COLLINS AVE		18090 COLLINS AVE	
Suite, Apt. #, etc. T-10		Suite, Apt. #, etc. T-10	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33160	Country USA	Zip 33160	Country USA

4. FEI Number 65-114-9873 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Isaac FELDMAN

Street Address (P.O. Box Number is Not Acceptable) 18090 collins Ave Ste T-10

City Sunny Isles FL Zip Code 33160

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) 7/3/02 DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	ISAAC FELDMAN	NAME	
STREET ADDRESS	18090 COLLINS AVE SUITE T 10	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/27/02 Date (3...) Daytime Phone #