

2002 UNIFORM BUSINESS REPORT (UBR)

02:16:58 AM

DOCUMENT # P01000099906

1. Entity Name
AMERICAN MORTGAGE LENDING CORP.

Principal Place of Business
435 S.W. 17TH AVE.
MIAMI FL 33135

Mailing Address
435 S.W. 17TH AVE.
MIAMI FL 33135

FILED

02 FEB -8 PM 12:48

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6961 Taft St.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State

4. FEI Number 65-1147545

Applied For
Not Applicable

Zip
33024

Country
U.S.A

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVARDO, ARMANDO F
2210 S.W. 89TH COURT
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name ALVARADO, ARMANDO F.
Street Address (P.O. Box Number is Not Acceptable)
6961 Taft St.
City Hollywood FL Zip Code 33024

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PSTD	<input type="checkbox"/> Delete
NAME	ALVARDO, ARMANDO F	
STREET ADDRESS	2210 S.W. 89TH COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAGINALS, PEDRO	
STREET ADDRESS	12495 S.W. 9TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRINCIPAL BROKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVING ZAMORA	
STREET ADDRESS	12251 SW, 118th Ave.	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Date

Daytime Phone #

CR2E034 (9/01)