

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90170 013 ***150.00

DOCUMENT # **P01000111091**

1. Entity Name
AMERICAN HOME LENDERS INC.



Principal Place of Business
**19209 SKYRIDGE CIRCLE
BOCA RATON FL 33498**

Mailing Address
**19209 SKYRIDGE CIRCLE
BOCA RATON FL 33498**



2. Principal Place of Business
8751 W. Broward Blvd
Suite, Apt. #, etc.
201

3. Mailing Address
8751 W. Broward Blvd
Suite, Apt. #, etc.
201

CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number **01-0560496**

Applied For
 Not Applicable

Zip **33324**

Country **USA**

Zip **33324**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNSTEIN, CLIFFORD
19209 SKYRIDGE CIRCLE
BOCA RATON FL 33498**

Name **Clifford Bernstein**

Street Address (P.O. Box Number is Not Acceptable)
8751 W. Broward Blvd #201

City **Plantation FL** Zip Code **33324**

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 *Clifford Bernstein*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **HOFFMAN, SUSAN A**
STREET ADDRESS **19209 SKYRIDGE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE Delete
NAME **Managing Director**
STREET ADDRESS **Clifford Bernstein**
CITY-ST-ZIP **8751 W. Broward Blvd #201**
Plantation, FL 33498

TITLE Change Addition
NAME **SEE ACROSS**
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *Susan Hoffman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03
Date

954-452-8310
Daytime Phone #

CR2E034 (10/02)