

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90130 046 ***158.75

DOCUMENT # P02000041279

1. Entity Name
AMERICAN FIRST MORTGAGE, CORP.



Principal Place of Business
**8052 LINKS WAY
PORT SAINT LUCIE FL 34986**

Mailing Address
**8052 LINKS WAY
PORT SAINT LUCIE FL 34986**

90045205



2. Principal Place of Business
4733 W. ATLANTIC AV.

3. Mailing Address

Suite, Apt. #, etc.
STE 18 BLDG C

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL.

City & State

4. FEI Number
03-0432124

Applied For
Not Applicable

Zip
33445

Country
USA

Zip

Country

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

**PANFIL, WALTER J
8052 LINKS WAY
PORT SAINT LUCIE FL 34986**

Name

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

City

FL

Zip Code

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 *Walter J. Panfil*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PANFIL, WALTER J**
STREET ADDRESS **8052 LINKS WAY**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

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

TITLE **D** ☒ Delete
NAME **BERTHY, RICHARD**
STREET ADDRESS **2 PRESTIGE PLACE**
CITY-ST-ZIP **MIAMISBURG OH 45458**

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

TITLE **D** ☐ Delete
NAME **COHEN, HARVEY**
STREET ADDRESS **13920 CROSSPOINTE CT.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE **D** ☐ Delete
NAME **MUNIZ, MIGUEL**
STREET ADDRESS **6228 BARTON CREEK CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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

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
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 another like empowered.

SIGNATURE: *Walter J. Panfil* **WALTER J. PANFIL 2/5/03 (772) 489-0378**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)