

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90379 023 \*\*\*158.75

DOCUMENT # **P02000128624**  
1. Entity Name **1ST ALTERNATIVE MORTGAGE, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**250 Wilshire Blvd**  
Suite, Apt. #, etc.  
**110**  
City & State  
**Casselberry FL**  
Zip  
**32707** Country  
**SEMIPOLE**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**76-0720056**

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

7. Name and Address of Current Registered Agent  
Name  
**IRIS DELGADO**  
Street Address (P.O. Box Number is Not Acceptable)  
**2526 Kiowa Trail**  
City  
**FEARN PARK FL** Zip Code  
**32736**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-28-03**

January 1 - May 1 Fees \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>BILLY J. MENDEZ</b> <b>487 JORDAN STUART CIR #209</b> <b>APOPKA FL 32703</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M/D</b> <b>Lenny L. Mendez</b> <b>525 EL DORADO WAY</b> <b>CASSELBERRY FL 32707</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>LUIS DAVIDA</b> <b>704 WILSHIRE DRIVE</b> <b>CASSELBERRY FL 32707</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/D</b> <b>IRIS DELGADO</b> <b>2526 KIOWA TRAIL</b> <b>FEARN PARK FL 32730</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*[Signature]* **IRIS DELGADO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-03**

Date

**4173880294**

Daytime Phone #

CR2E034B (12/02)