

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90165 047 \*\*\*150.00

DOCUMENT # P94000015535

1. Entity Name

ACTION MORTGAGE & FINANCIAL CORP.

Principal Place of Business

8324 SW 8TH ST  
SUITE 201  
MIAMI FL 33144  
US

Mailing Address

8324 SW 8 ST  
SUITE 201  
MIAMI FL 33144  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0498156

Applied For

Not Applicable

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

MASON, JEFFREY  
PROMPT TECH, INC  
6600 NW 27TH AVE #A12  
MIAMI FL 33142

Name

JEFFREY MASON - PROMPT TECH, INC.

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

3230 N.W. 63 STREET

City

FORT LAUDERDALE

FL

Zip Code

33309

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)

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
WITLIN, PETER J.  
8324 S.W. 8TH STREET  
SOUTH MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)