

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045425

1. Entity Name

AMERICAN MORTGAGE LOAN CORPORATION

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90115 018 \*\*\*158.75

Principal Place of Business

Mailing Address

2400 E COMMERCIAL BLVD  
STE 224  
FT LAUDERDALE FL 33308  
US

2400 E COMMERCIAL BLVD  
STE 224  
FT LAUDERDALE FL 33308-4022  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0498657

Applied For

Not Applicable

Zip

Country

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

~~BROGAN, FRANCIS B JR.~~  
~~515 E LAS OLAS BOULEVARD~~  
~~SUITE 1500~~  
~~FORT LAUDERDALE FL 33301~~

Name Dennis D. Smith  
Tripp, Scott, Conklin & Smith  
Street Address (P.O. Box Number is Not Acceptable)  
110 S.E. 6th Street, 15th Floor

City Ft. Lauderdale

FL

Zip Code 33301

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 Dennis Smith

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, 2000 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

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <del>D-</del>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>CANADA, JUDY F</del>         |  |
| STREET ADDRESS | <del>2400 E COMMERCIAL BLVD</del> |  |
| CITY-ST-ZIP    | <del>FT LAUDERDALE FL 33308</del> |  |
| TITLE          | <del>VP</del>                     | <input type="checkbox"/> Delete            |
| NAME           | <del>CANADA, MITCHELL H</del>     |  |
| STREET ADDRESS | <del>2400 E COMMERCIAL BLVD</del> |  |
| CITY-ST-ZIP    | <del>FORT LAUDERDALE FL</del>     |  |
| TITLE          | <del>VP</del>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>CANADA, R H</del>            |  |
| STREET ADDRESS | <del>2400 E COMMERCIAL BLVD</del> |  |
| CITY-ST-ZIP    | <del>FT LAUDERDALE FL</del>       |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |      |  |
|----------------|------|--|
| TITLE          |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |      |  |
| STREET ADDRESS |      |  |
| CITY-ST-ZIP    |      |  |
| TITLE          | DPST | <input checked="" 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: Mitchell H. Canada

5/1/00

954 928 0702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)