

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90201 004 \*\*\*150.00

**DOCUMENT #** P94000073493  
**1. Entity Name** Professional American Mortgage Institute, Inc.

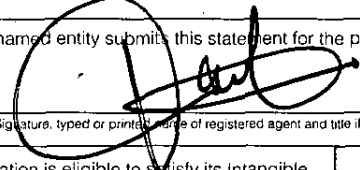
**Principal Place of Business** 813 North Nob Hill Road  
 Plantation, FL 33324  
**Mailing Address** 813 North Nob Hill Road  
 Plantation, FL 33324

00015147

**2. Principal Place of Business** 813 North Nob Hill Road  
 Suite, Apt. #, etc.  
**City & State** Plantation, FL  
 33324  
**Country**  
**3. Mailing Address** 813 North Nob Hill Road  
 Suite, Apt. #, etc.  
**City & State** Plantation, FL  
 33324  
**Country**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0523626  
**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**  
 Name **David Torchin, C.P.A.**  
 Street Address **8211 West Broward Blvd**  
 Suite **200**  
 City **Plantation** **FL** Zip **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.**  
**David Torchin, C.P.A.**  
**SIGNATURE**   
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** 1/31/01

**9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.** ☐ **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	President/Director Roni Oz 813 North Nob Hill Road Plantation, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.**

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #

CR2E034 (1/100)