

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90042 050 ***163.75

DOCUMENT # **P95000007749**

1. Entity Name

**All AMERICAN MORTGAGE OF SOUTH FLORIDA
CORP**

Principal Place of Business

Mailing Address

**7955 Coral way
MIAMI, FL. 33155**

**7955 Coral way
MIAMI, FL. 33155**

2. Principal Place of Business

7955 Coral way

3. Mailing Address

7955 Coral way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0561185

Applied For
Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

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

**Grace Herrera
7955 Coral way
MIAMI, FL. 33155**

Name

Grace Herrera

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

7955 Coral way

City

MIAMI

FL

Zip Code

33155

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

Grace Herrera

Grace Herrera - President 5/29/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	Grace Herrera	
STREET ADDRESS	7955 Coral way	
CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:

Grace Herrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/2000

Date

305-271-2339

Daytime Phone #

CR2E034 (9/99)