2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000057625

BIRDMAN, LOUIS

307 SOUTH 21ST AVENUE

HOLLYWOOD, FL 33020

Name:

Address:

City-St-Zip:

Entity Name: AMERIVEST INTERNATIONAL MORTGAGE, INC.

FILED Feb 14, 2002 8:00 AM Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	TH 21ST AVEN DOD, FL 3302				
Current Mailing Address:			New Mailing Address:		
	TH 21ST AVEN DOD, FL 3302				
FEI Number	: 65-0594778	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
307 SOUT	, HARVEY TH 21ST AVEN DOD, FL 3302	IUE 0			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
-	_	o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (HIRSCH, HERI 307 SOUTH 21 HOLLYWOOD	ST AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (BIRDMAN, HAI 307 SOUTH 21 HOLLYWOOD	ST AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VTD (BIRDMAN, DIA 307 SOUTH 21 HOLLYWOOD	ST AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VSD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HARVEY BIRDMAN VD 02/14/2002