


Amended

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P95000057625 <b>1. Entity Name</b> Amerivest International Mortgage, Inc.	
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**FILED**

03 SEP 17 AM 9: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2200 Lucien Way Suite, Apt. #, etc. <b>Suite 175</b> City & State <b>Maitland, Florida</b> Zip <b>32751</b> Country <b>USA</b>	<b>3. Mailing Address</b> 2200 Lucien Way Suite, Apt. #, etc. <b>Suite 175</b> City & State <b>Maitland, Florida</b> Zip <b>32751</b> Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 65-0594778 <input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>7. Name and Address of Current Registered Agent</b> Name <b>Michael J. Hrkman</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 Lucien Way, Suite 175</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael J. Hrkman [Signature] 9-02-2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

**January 1- May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	C/D/S Michael J. Hrkman 2200 Lucien Way, Suite 175 Maitland, Florida 32751	TITLE	300023167323 09/18/03--01035--004 **61.25
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P/T Serafin Garcia Jr. 2200 Lucien Way, Suite 175 Maitland, Florida 32751	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 9-02-2003 407-875-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)