

# 2001 UNIFORM BUSINESS REPORT (UBR)

0141298 SP

DOCUMENT # P95000079454

1. Entity Name  
FAMILY MORTGAGE CORPORATION OF AMERICA

Principal Place of Business

75-WEST-29TH ST.  
HIALEAH FL 33012  
US

Mailing Address

75-WEST-29TH ST.  
HIALEAH FL 33012  
US

FILED

03 SEP 17 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

75-West-29 Street

Suite, Apt. #, etc.

3. Mailing Address

75-West-29th Street

Suite, Apt. #, etc.

City & State

Hialeah, FL 33012

City & State

Hialeah, Florida

4. FEI Number

65-0613643

Applied For

Not Applicable

Zip

33012

Country

United States

Zip

33012

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, AURELIO  
248 WEST 22 STREET  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Aurelio Alonso*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/04/03

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: \$550.00

After September 12, 2001 Fee will be \$750.00  
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 PDST ☐ Delete  
NAME AURELIO ALONSO  
STREET ADDRESS 248 WEST 22 ST  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 800023175948  
STREET ADDRESS 09/18/03--01063--024 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 800023175948  
STREET ADDRESS 09/18/03--01063--025 \*\*100.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Aurelio Alonso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/04/03

Date

Daytime Phone #

CR2E034 (5/01)