

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022428

1. Entity Name

ALLSTATE MORTGAGE & INVESTMENTS, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90098 042 ***558.75

Principal Place of Business

17845 NORTHWEST 21ST STREET
PEMBROKE PINES FL 33029-3066

Mailing Address

17845 NORTHWEST 21ST STREET
PEMBROKE PINES FL 33029-3066

2. Principal Place of Business

8363 PINES BOULEVARD

Suite, Apt. #, etc.

3. Mailing Address

2536 SW 30 TERRACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FLORIDA

Zip
33024-6607

Country
USA

City & State

FORT LAUDERDALE, FLORIDA

Zip
33312-4730

Country
USA

4. FEI Number

65-0650392

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
AICARDI, MARIELA
17845 NORTHWEST 21ST STREET
PEMBROKE PINES FL 33029-3066 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MORRIS, CLIFFORD S
17845 NORTHWEST 21ST STREET
PEMBROKE PINES FL 33029-3066 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2536 SW 30 TERRACE
FORT LAUDERDALE, FLORIDA 33312-4730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2536 SW 30 TERRACE
FORT LAUDERDALE, FLORIDA 33312-4730

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED - S MORRIS, VP. Co Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/20/2000 . 954 450-7089x103
Date Daytime Phone #