

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034616

1. Entity Name

BRIDGE MORTGAGE BANK OF AMERICA, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90019 015 ***550.00

Principal Place of Business

801 NE 167 STREET
SUITE 310
MIAMI FL 33162

Mailing Address

801 NE 167 STREET
SUITE 310
MIAMI FL 33162-3729

2. Principal Place of Business

998 NE 167 STREET

3. Mailing Address

998 NE 167 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0664564

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

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

KALAM, SHAHAB
20100 HIGHLAND LAKES BLVD.
MIAMI FL 33179

Name

KALAM, SHAHAB

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

998 NE 167 STREET

MIAMI FL 33162

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 \$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 ☐ Delete
NAME D
STREET ADDRESS KALAM, SHAHAB
CITY-ST-ZIP 20100 HIGHLAND LAKES BLVD.
MIAMI FL 33179

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

TITLE ☐ Delete
NAME S
STREET ADDRESS MCARDLE, PETER
CITY-ST-ZIP 801 NE 167 STREET
MIAMI FL 33162

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 682-1210

Date

Daytime Phone #

CR2E034 (9/99)