2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000035957** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** ANAMAR MORTGAGE, CORP. 03-01-2000 90070 014 ***150.00 Principal Place of Business Mailing Address 1234 E. 4TH AVE. 1234 E. 4TH AVE. HIALEAH FL 33010-3502 HIALFAH FL DUULJAOA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0689270 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORLANNE, E. ADRIAN Street Address (P.O. Box Number is Not Acceptable) 1234 E. 4TH AVE. HIALEAH FL Zip Code City FL this statement for the aurpose of changing its) gistered office or registered agent, or both, in the State of Florida. 8. The above pamed entity is SIGNATURE 5 auent and tile if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is அது to satisfy its Irua 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elecis to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITI F TITLE ANDREWS, MORIANNE E NAME STREET ADDRESS STREET ADDRESS 6301 SW 185RD WAY 33068 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33028 Change ☐ Addition TITI F ☐ Delete MORLANNE, PATRICK S NAME NAME STREET ADDRESS STREET ADDRESS 42 SIMONTON CIR. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a changed, or on an attachment with an address, with all other like empowered to execute this report a changed, or on an attachment with an address, with all other like empowered SIGNATURE FED NAME OF SIGNING OFFICER OR DIRECTOR

by signature shall have the same legal effect as if made under oath; that I am an officer or director arequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if