2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000056866** Apr 25, 2000 8:00 am **Secretary of State** AMERICAN MORTGAGE CAPITAL, INC. 04-25-2000 90140 039 ***150.00 Principal Place of Business Mailing Address 1700 NW 66TH AVE 1700 NW 66TH AVE SUITE 102 SUITE 102 **PLANTATION FL 33313-4582** PLANTATION FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0686815 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. <u>037</u> Delete TITLE TITLE steven Livingston 1700 N.W. 66th Ave, Ste 102 NAME SCHILLER, W R NAME STREET ADDRESS STREET ADDRESS 315 IVY LANE CITY-ST-ZIP Plantation FL 33313 CITY-ST-ZIP WESTON FL 33326 ☐ Delete TITLE NAME GLAZER, HAROLD A NAME 1700 N.W. 66+ Ave Ste 102 11498 NW-56TH-DR. STREET ADDRESS STREET ADDRESS Plantation FL 33313 Exec V. P CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIP ? ? relete TITLE TITLE Bran Livingston 1700 N. W. 66th Ave-57e-102 Platation FL33313 NAME NAME STEELE, JIRI L STREET ADDRESS STREET ADDRESS 4901-S.W:-199TH-AVE. CITY-ST-ZIP CITY-ST-ZIP Platation FT. LAUDERDALE FL 33332 Exec. U.P. Treasurer TITLE Delete TITLE Tom Brown BYER, PAUL A NAME NAME 1700 N. W. 66+2 Ave Ste 102 STREET ADDRESS STREET ADDRESS 2915 PALM AIRE DR., NO. Plontation (L 33313 CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33069 ☐ Addition **VPST** TITLE Delete TITLE LEVENSON, LORI NAME NAME STREET ADDRESS STREET ADDRESS 79840 SHERIDAN ST. # 303 CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33024 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF FICE OR DIRECTOR

#/18/2000) 888-441-0 Daty Daytime Phone # UMZEU34 18/8%