

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000069935**

1. Entity Name

Advanced Mortgage Solutions of South Florida Inc FILED

01 NOV -9 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

208 SW 28 Avenue

Mailing Address

PO Box 7782

Delray Beach FL 33445

Delray Beach FL 33482

2. Principal Place of Business

1050 S Federal Hwy

3. Mailing Address

1050 S Federal Hwy

Suite, Apt. #, etc.

143

Suite, Apt. #, etc.

143

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

650689878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Karen J Shefsky

208 SW 28 Avenue

Delray Beach FL 33445

Name

David Shefsky

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

1050 S Federal Hwy

143

City

Delray Beach

FL

Zip Code

33483

7. Name and Address of New Registered Agent

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]

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
David Shefsky DUS 208 SW 28 Avenue Delray Beach FL 33445 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Karen Shefsky PT 208 SW 28 Avenue Delray Beach FL 33445 ☐ 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
DPT David Shefsky 1050 S Federal Highway 143 Delray Beach FL 33483 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
US Karen Shefsky 1050 S Federal Highway 143 Delray Beach FL 33483 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
500004716655-3 -12/10/01--01084--022 ****150.00 ****150.00 ☐ Change ☐ Addition

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

TITLE NAME STREET ADDRESS 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

[Signature] Reports returned