

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000008375**

1. Entity Name

**ASSOCIATED MORTGAGE INTERNATIONAL CORPORATION**

Principal Place of Business

**1489 WEST PALMETTO PARK ROAD  
SUITE 475  
BOCA RATON FL  
33486**

Mailing Address

**1489 WEST PALMETTO PARK ROAD  
SUITE 475  
BOCA RATON FL  
33486**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**FILED**  
**Apr 25, 2000 08:00 AM**  
**Secretary of State**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0722321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DUFFY KEITH F  
1489 WEST PALMETTO PARK ROAD  
SUITE 475  
BOCA RATON FL  
33486**

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)

**04/25/2000**

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

TITLE	DVT	<input type="checkbox"/> Delete
NAME	SHANE ROBERT	
STREET ADDRESS	1489 W PALMETTO PARK RD, STE 475	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE	DVS	<input type="checkbox"/> Delete
NAME	SHANE RONALD	
STREET ADDRESS	1489 W PALMETTO PARK RD, STE 475	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUFFY KEITH F	
STREET ADDRESS	1489 W PALMETTO PARK RD, STE 475	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: K. F. D. S.

04/25/2000