

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**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****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0722321**

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 AgentDUFFY KEITH F
1489 WEST PALMETTO PARK ROAD
SUITE 475
BOCA RATON FL 33486**7. Name and Address of New Registered Agent**

Name

SHANE ROBERT F

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

1489 WEST PALMETTO PARK ROAD

SUITE 475

City

BOCA RATON

FL

Zip Code
33486

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 **ROBERT SHANE****04/25/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DVT ☒ Delete
NAME SHANE ROBERT
STREET ADDRESS 1489 W PALMETTO PARK RD, STE 475
CITY-ST-ZIP BOCA RATON FL 33486TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DVS ☐ Delete
NAME SHANE RONALD
STREET ADDRESS 1489 W PALMETTO PARK RD, STE 475
CITY-ST-ZIP BOCA RATON FL 33486TITLE DVST ☒ Change ☐ Addition
NAME SHANE RONALD
STREET ADDRESS 1489 W PALMETTO PARK RD, STE 475
CITY-ST-ZIP BOCA RATON FL 33486TITLE PD ☐ Delete
NAME DUFFY KEITH F
STREET ADDRESS 1489 W PALMETTO PARK RD, STE 475
CITY-ST-ZIP BOCA RATON FL 33486TITLE PD ☒ Change ☐ Addition
NAME SHANE ROBERT F
STREET ADDRESS 1489 W PALMETTO PARK RD, STE 475
CITY-ST-ZIP BOCA RATON FL 33486TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Ronald Shane

DVST

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)