FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 28 AM 9:23

DOCUMENT # P97000039047

1. Entity Name

ALLSTATE MORTGAGE CORP.

DO NOT WRITE IN THIS SPACE

200011131562
01/28/03--01051--002 **450.00

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2. Principal Place of Business	3. Mailing Address
17891 S.DIXIE HWY	P.O.BOX 432565
Suite, Apt. #, etc. 2nd FLOOR	Suite, Apt. #, etc.
City & State PALMETTO BAY FL	City & State S.MIAMI FL
Zip 33157 / Country DADE	Zip 33243 / Country DADE

4. FEI Number — [X] Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name MIKE AJABSHIR

Street Address (P.O. Box Number Is Not Acceptable) 930 HIEALAH DR. #9

City HIEALAH FL Zip Code 33010

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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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	SOHEILA AJABSHIR
STREET ADDRESS	17891 S.DIXIE HWY 2nd FLOOR
CITY-ST-ZIP	PALEMTTO BAY FL 33157
TITLE	D
NAME	M.AJABSHIR
STREET ADDRESS	17891 S.DIXIE HWY 2nd FLOOR
CITY-ST-ZIP	PALMETTO BAY FL 33157

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. [signature] MIKE AJABSHIR — 01/23/03 — 305-218-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

January 23, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
C/O Loria Poole

RE: ALLSTATE MORTGAGE CORP.
2001 Uniform Business Report

Dear Mrs. Poole,

Please be advised as of today January 23, 2003 I never received any form or notification for the above reference to filing the report, from the Department for 2002 Uniform Business Report.

Please accept this letter as my filing report for the above mentioned corporation and include this filing. See attached $450.00 for filing.

If you have any questions do not hesitate to call me at (305) 971-2000.

Sincerely,

M. Ajabshir/VP