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.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17891 S.DIXIE HWY
Suite, Apt. #, etc.
2nd FLOOR
City & State
PALMETTO BAY FL
Zip: 33157
Country DADE

3. Mailing Address
P.O.BOX 432565
Suite, Apt. #, etc.
City & State
S.MIAMI FL
Zip 33243
Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number — X Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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)

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 NAME STREET ADDRESS CITY-ST-ZIP
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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. _____ 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