2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039220

1. Entity Name UNITED AMERICAN MORTGAGE CORPORATION



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90311 035 ***150.00

COD WE THE

Principal Place of Business 9425 SUNSET DRIVE SUITE 124 MIAMI FL 33173		9425 S Suite	Mailing Address 9425 SUNSET DRIVE SUITE 124 MIAMI FL 33173										
	Place of Business	3. Mailir	3. Mailing Address				[1	/////////////////////////////////////	III III EIII				
Suite, Ap	t. #, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Sta	ate	City &	City & State			4	4. FEI Number 65-0756892 Applied F					Applied For	
Zip	Country	Zip		Coun	Country		. Certifi	cate of Status			\$8.75 A		
	6. Name and Address of Curre	nt Registered	Agent					and Address		~	Fee Requi	red	
LOZANO,	ANTHONY				Name								
-	NSET DRIVE		Street Addre			dress (P.O.	s (P.O. Box Number is Not Acceptable)						
SUITE 12							<u> </u>						
MIAMI FL	33173			ļ	City	**			·	FL	Zip Co		
8. The above	e named entity submits this statement tions of registered	for the purpos	e of changing its	registere	d office or	registered a	gent, or	both, in the S	tate of Floric	ta Jam			
SIGNATURE	itions of registeroe are in.					•	3 , - -		ide of Fioric	io. Taili	anmar witi	, and accept	
	e, typed or printed name of registered age	nt and title if applica	ble. (NOTE:	: Registered	Agent signatur	e required when	reinstating)		DATE			
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0 of State				73	9.	Election Cam Trust Fund Co	paign Finan ontribution.	cing	\$5.0 Adde	00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTORS		11.		AI		VS/CHANGES	TO OFFICE	BS AND	DIRECTOR	PS IN 11	
TITLE NAME STREET ADDRESS	D OTTO, OLIVA 9425 SUNSET DRIVE, SUITE 12	4	☐ Delete	TITLE NAME STREET	ADDRESS						☐ Change	Addition	
CITY-ST-ZIP TITLE	MIAMI FL 33173	<u> </u>		CITY-S	ST-ZIP								
NAME	LOZANO, ANTHONY		☐ Delete	TITLE NAME	1						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	9425 SUNSET DRIVE, SUITE 12 MIAMI FL 33173	4		STREET CITY-S	ADDRESS T-zip								
TITLE NAME Street address	-		☐ Delete	TITLE							☐ Change	☐ Addition	
CITY-ST-ZIP				CITY-S	ADDRESS T-ZIP								
TITLE NAME			☐ Delete	TITLE							☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		· • : -	پس سمبیده		ADDRESS	~ ~~ ~~~		مد اد د مسود		-	. A. <u></u>		
ITLE IAME ITREET ADDRESS			☐ Delete	TITLE NAME STREET A	ADDRESS - Zip		. <u>.</u>				☐ Change	Addition	
ITLE Ame Treet address ITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST		,					Change	Addition	
2. I hereby ce	ertify that the information supplied with	this filing does	not qualify for the		<u> </u>								

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. with all other the empowered.

SIGNATURE:

305-270-3347