

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000046997****1. Entity Name**
ALAMO LOANS INC.**Principal Place of Business**

335 N. FEDERAL HIGHWAY

BOCA RATON

33432

FL

Mailing Address

335 N. FEDERAL HIGHWAY

BOCA RATON

33432

FL

2. Principal Place of Business

500 NE SPANISH RIVER BLVD

3. Mailing Address

500 NE SPANISH RIVER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON

FL

City & State

BOCA RATON

FL

4. FEI Number**65-0757541**

Applied For

Not Applicable

Zip

33431

Country

Zip

33431

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**KLEIMAN RICHARD
335 N. FEDERAL HIGHWAY

BOCA RATON

33432

US

FL

7. Name and Address of New Registered Agent**Name**

MATTLIN & MCCLOSKEY

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

2300 GLADES ROAD

400

City
BOCA RATON

FL

Zip Code
33431**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 ROB HORWITZ**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/11/2000

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	D	<input type="checkbox"/> Delete
NAME	CLOUSE BRIAN S.	
STREET ADDRESS	2500 N. MILITARY TRAIL, SUITE 225	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	D	<input type="checkbox"/> Delete
NAME	HALPERIN MAURICE A.	
STREET ADDRESS	2500 N. MILITARY TRAIL, SUITE 225	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEIMAN JEFFREY	
STREET ADDRESS	335 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	KLEIMAN RICHARD	
STREET ADDRESS	335 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432	

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUSE BRIAN S.	
STREET ADDRESS	500 NE SPANISH RIVER BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERIN MAURICE A.	
STREET ADDRESS	500 NE SPANISH RIVER BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIMAN JEFFREY	
STREET ADDRESS	500 NE SPANISH RIVER BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	

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		
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** Jeffrey Kleiman

RD 04/11/2000