

DOCUMENT # P97000050957

1. Entity Name
AFFORDABLE MORTGAGE CAPITAL, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90148 013 ***150.00

Principal Place of Business
13550 N KENDALL DRIVE, #200
MIAMI FL 33186

Mailing Address
13550 N KENDALL DRIVE, #200
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9048 SW 152 ST.
Suite, Apt. #, etc.

3. Mailing Address
9048 SW 152 ST.
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33157

Country
US

Zip
33157

Country
US

4. FEI Number 65-0757129

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LEITNER, HOWARD
13550 N KENDALL DRIVE, #200
MIAMI FL 33186

7. Name and Address of New Registered Agent
Name LEITNER, HOWARD
Street Address (P.O. Box Number is Not Acceptable)
9048 SW 152 ST.
City MIAMI FL Zip Code 33157

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 1/4/00

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)

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	PVST	<input type="checkbox"/> Delete	TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITNER, HOWARD		NAME	LEITNER, HOWARD	
STREET ADDRESS	13550 N KENDALL DRIVE, #200		STREET ADDRESS	9048 SW 152 ST.	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITNER, HOWARD		NAME	LEITNER, HOWARD	
STREET ADDRESS	13550 N KENDALL DRIVE, #200		STREET ADDRESS	9048 SW 152 ST.	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an other like empowered.

SIGNATURE: DATE 1/4/00 DAYTIME PHONE # 305 385 2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)