

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91457 021 \*\*\*150.00

**DOCUMENT #**P97000052334

1. Entity Name

Ameritrust Mortgage & Investment,  
Inc.



**90113584**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

17410 US 41 N.

Suite, Apt. #, etc.

3. Mailing Address

17410 US 41 N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lutz, FL 33558

Zip

Country

33558

Hillsborough

City & State

Lutz, FL 33558

Zip

Country

33558

Hillsborough

4. FEI Number

59-3464843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose A. Diaz

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

17410 US 41 N.

City

Lutz

FL

Zip Code

33558

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
Jose A. Diaz  
17410 US 41 N. Lutz, FL 33558

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSTD  
Caridad G. Diaz  
17410 US 41 N. Lutz, FL 33558

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)