

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000090974**1. Entity Name
AMERICAN MORTGAGE BANC, INC.

Principal Place of Business

445 N FEDERAL HWY

BOYNTON BEACH
33435

FL

Mailing Address

445 N FEDERAL HWY

BOYNTON BEACH
33435

FL

2. Principal Place of Business

402 E. OCEAN AVENUE

3. Mailing Address

402 E. OCEAN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH

FL

City & State

BOYNTON BEACH

FL

4. FEI Number

65-0788187

Applied For

Not Applicable

Zip
33435

Country

Zip
33435

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY OMARI

323 N. FEDERAL HIGHWAY, STE. E

BOYNTON BEACH

33435

US

FL

7. Name and Address of New Registered Agent

Name

MURRAY OMARI

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

402 E. OCEAN AVENUE

City

BOYNTON BEACH

FL

Zip Code
33435

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 _____ **04/30/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete
NAME	MURRAY OMARI	
STREET ADDRESS	201 SW 11TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCHE MARTA	
STREET ADDRESS	402 E. OCEAN AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY STEPHANIE DIRECTO	
STREET ADDRESS	201 SW 11TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGRAM SANDRA	
STREET ADDRESS	402 E OCEAN AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGRAM JAMES	
STREET ADDRESS	402 E. OCEAN AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY OMARI	
STREET ADDRESS	201 SW 11TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
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: STEPHANIE MURRAY

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)