

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

DOCUMENT # **P97000090974**

1. Entity Name

American Mortgage Banc, Inc.

FILED

83 JAN 14 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Omari Murray

Suite, Apt. #, etc.

201 S.W. 11th Avenue

City & State

Boynton Beach, FL

Zip

33435

Country

3. MAILING ADDRESS IS THE

SAME

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

4. FEI Number

65-0788187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Murray, Omari

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

201 S.W. 11th Avenue

City

Boynton Beach

FL

Zip Code

33435

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$180.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Murray, Omari
201 SW 11th Ave
Boynton Bch, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Murray, Stephanie
201 SW 11th Ave
Boynton Bch, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
UBR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2002

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

561-424-0081

CR2ED04B (12/01)