FILED
Jun 17, 2003 8:00 am
Secretary of State

06-17-2003 90025 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090974

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[redacted]

[redacted]

1. Entity Name
AMERICAN MORTGAGE BANC, INC.

Principal Place of Business	Mailing Address
C/O OMARI MURRAY 201 S.W. 11TH AVENUE BOYNTON BEACH, FL 33435	C/O OMARI MURRAY 201 S.W. 11TH AVENUE BOYNTON BEACH, FL 33435

2. Principal Place of Business	3. Mailing Address
	P.O. Box 1093
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Boynton Bch, FL
Zip 33435 (sm) Country USA (sm)	Zip 33425 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0788187 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, OMARI
201 S.W. 11TH AVENUE
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Omari Murray 5/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRAY, OMARI 201 S.W. 11TH AVENUE BOYNTON BEACH, FL 33435 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, STEPHANIE 201 S.W. 11TH AVENUE BOYNTON BEACH, FL 33435 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/5/03 (561) 752-8609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #