

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90088 019 ***158.75

DOCUMENT # P97000100611

1. Entity Name

AMERICAN INVESTORS MORTGAGE OF FLORIDA, INC.

Principal Place of Business

**3255 NE 184 STREET
 SUITE 12310
 AVENTURA FL 33160
 US**

Mailing Address

**3255 NE 184TH STREET
 SUITE 12310
 AVENTURA FL 33160
 US**

2. Principal Place of Business

16822 SW 50th ST
 Suite, Apt. #, etc.

3. Mailing Address

16822 SW 50th ST
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33027

Country

Broward

Zip

33027

Country

Broward

4. FEI Number

65-0798424

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DAVID B. JAVITS, P.A.
 2020 NE 163RD STREET SUITE 300
 NORTH MIAMI BEACH FL 33162**

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.

SIGNATURE

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, 2002 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 **D** ☐ Delete
 NAME **LANE, HOWARD S**
 STREET ADDRESS **3255 NE 184TH STREET**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **16822 SW 50th ST**
 STREET ADDRESS **MIAMI, FL 33027**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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 any other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)