

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006289

1. Entity Name

ALL INTERNATIONAL MORTGAGE BANK CORPORATION

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90045 025 \*\*\*150.00

Principal Place of Business

Mailing Address

1500 UNIVERSITY DR.  
 201-E  
 CORAL SPRINGS FL 33071

4322 SW 52ND ST  
 FT LAUDERDALE FL 33314-5736



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1500 University Dr

Suite, Apt. #, etc.

201-E

City & State

Coral Springs FL

Zip

33071

Country

BTWARD

Zip

Country

4. FEI Number

65-0810304

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASSAN, SHAZIA-N

4322 SW 52ND ST

FT LAUDERDALE FL 33314

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HASSAN, MOHAMMED I	
STREET ADDRESS	4322 SW 52ND ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/10/00 (954) 345-3772

CR2E034 (9/99)