

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039123

1. Entity Name

UNITED AMERICAN MORTGAGE CORPORATION

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90182 016 \*\*\*150.00

Principal Place of Business

Mailing Address

3395 N DIXIE HWY  
 #3  
 BOCA RATON FL 33431

3395 N DIXIE HWY  
 #3  
 BOCA RATON FL 33431-6009

2. Principal Place of Business

3. Mailing Address

211 S. FEDERAL HWY.

211 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #5

SUITE #5

City & State

City & State

BOYNTON BEACH, FL

BOYNTON BEACH, FL

Zip

Zip

33435

33435

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, SHALOM

3395 N DIXIE HWY

#3

BOCA RATON FL 33431

Name

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

211 S. FEDERAL HWY, SUITE #5

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

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

VICE-PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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 ☒ Delete  
 NAME D  
 STREET ADDRESS GOLDBERG, SHALOM  
 CITY-ST-ZIP 3395 N DIXIE HWY, #3  
 BOCA RATON FL 33431

TITLE ☐ Change ☒ Addition  
 NAME DAVID LOPEZ  
 STREET ADDRESS 211-85 S Federal Hwy  
 CITY-ST-ZIP Boynton Beach, FL 33435

TITLE ☐ Delete  
 NAME DEV  
 STREET ADDRESS PROSKE, KENNETH I  
 CITY-ST-ZIP 630 MARINERS WAY  
 BOYNTON BEACH FL 33435

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS HARRISON, WILLIAM  
 CITY-ST-ZIP 3395 N DIXIE HWY, #3  
 BOCA RATON FL 33431

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)