

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050242

1. Entity Name

ALLIANCE MORTGAGE FUNDING, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90462 019 ***150.00

Principal Place of Business

2560 NE 15TH AVE
WILTON MANORS FL 33305
US

Mailing Address

2560 NE 15TH AVE
WILTON MANORS FL 33305
US

2. Principal Place of Business

2500 WILTON DRIVE

3. Mailing Address

2500 WILTON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WILTON MANORS, FL

City & State
WILTON MANORS, FL

Zip
33305

Country
USA

Zip
33305

Country

4. FEI Number 65-0840724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVE, ANNETTE
2560 NE 15TH AVENUE
WILTON MANORS FL 33305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Accepted)
2500 WILTON DRIVE

City & State
WILTON MANORS FL 33305

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, 2001 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
NAME CAVE, ANNETTE
STREET ADDRESS 2560 NE 15TH AVENUE
CITY-ST-ZIP WILTON MANORS FL 33305

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2500 WILTON DRIVE
CITY-ST-ZIP WILTON MANORS, FL 33305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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 *Annette Cave*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01
Date

954-568-0108
Daytime Phone #

CR2E034 (10/00)