## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P98000050636** Apr 22, 2000 8:00 am Secretary of State ALTERNATIVE BUYER & SELLER MORTGAGE CO. 04-22-2000 90048 004 \*\*\*150.00 Principal Place of Business Mailing Address 10011 PINES BLVD STE 203E 10011 PINES BLVD STE 203E FINES FL 33024-6167 Pembroke pinés FL 33024 PEMBROKE 2. Principal Place of Business 3. Mailing Address Blud 1205 1003 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 02 Applied For City & State 4. FEt Number 65-0842543 Pines Kines, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOLANOS, ÉLENN R 10011 PINES BLVD STE 203É PEMBROKE PINES FL 33024 Zip\_Code நுis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nam SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE TITLE **BOLANOS, GLENN** NAME NAME STREET ADDRESS STREET ADDRESS 10011 PINES BLVD 203E CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information supplied with this filling 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 attachpe it with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR