

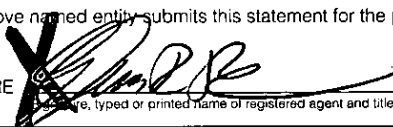
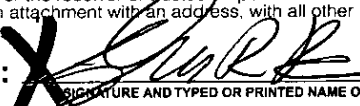
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90322 044 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000050636 ✓			
1. Entity Name ALTERNATIVE BUYER & SELLER MORTGAGE CO.			
Principal Place of Business 10011 Pines Blvd # 103 Pembroke Pines, FL 33024		Mailing Address 10011 Pines Blvd # 103 Pembroke Pines, FL 33024	
2. Principal Place of Business 10031 Pines Blvd		3. Mailing Address 10031 Pines Blvd	
Suite, Apt. #, etc. # 103		Suite, Apt. #, etc. # 103	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33024	Country USA	Zip 33024	Country USA
4. FEI Number 65-0842543		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Bolanos, Glenn R. 10011 Pines Blvd Suite # 103 Pembroke Pines, FL 33024		7. Name and Address of New Registered Agent Name: Bolanos, Glenn R. Street Address (P.O. Box Number is Not Acceptable): 10031 Pines Blvd Suite 103 City: Pembroke Pines FL Zip Code: 33024	
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 		Glenn R. Bolanos 2/20/01	
<small>(Signature, typed or printed name of registered agent and title if applicable.)</small>		<small>(NOTE: Registered Agent signature required when reinstating.)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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 <input type="checkbox"/>		\$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	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bolanos, Glenn R		NAME Bolanos, Glenn R	
STREET ADDRESS 10011 Pines Blvd, #103		STREET ADDRESS 10031 Pines Blvd, #103	
CITY-ST-ZIP Pembroke Pines, FL 33024		CITY-ST-ZIP Pembroke Pines, FL 33024	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		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: 		Glenn R. Bolanos DIRECTOR	
<small>(Signature and typed or printed name of signing officer or director)</small>		02/20/01 954-443-0040	
		<small>Date Daytime Phone #</small>	

CR2E034 (11/00)