

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051619

1. Entity Name

ALL AMERICAN MORTGAGE SERVICES, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90075 004 ***150.00

Principal Place of Business

Mailing Address

~~12460 SW 8TH STREET~~

~~12460 SW 8TH STREET~~

~~SUITE 205~~

~~SUITE 205~~

~~MIAMI FL 33184~~

~~MIAMI FL 33184~~

2. Principal Place of Business

P.O. Box 651301

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 651301

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0841385

Applied For

Not Applicable

Zip

33165

Country

Zip

33165

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTIESTEBAN, JOSE

~~12460 SW 8TH STREET~~

~~SUITE 205~~

~~MIAMI FL 33184~~

7. Name and Address of New Registered Agent

Name

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

4504 SW 131 Ave

City

Miami

FL

Zip Code

33175

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SANTIESTEBAN, JOSE
CITY-ST-ZIP ~~12460 SW 8TH STREET, STE 205~~
~~MIAMI FL 33184~~

TITLE ☐ Delete
NAME D
STREET ADDRESS ACOSTA, YAIMA
CITY-ST-ZIP ~~12460 SW 8TH STREET, STE 205~~
~~MIAMI FL 33184~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 651301
CITY-ST-ZIP Miami, FL 33165

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 651301
CITY-ST-ZIP Miami, FL 33165

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

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

TITLE ☐ Change ☐ Addition
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)

**SIGN, ENCLOSE
CHECK & MAIL**

3/27/00