

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90394 038 ***150.00

0045623

DOCUMENT # P98000061492

1. Entity Name

AMERICAN MORTGAGE OF CENTRAL FLORIDA, INC.

Principal Place of Business

**405 DOUGLAS AVE
 STE 2105
 ALTAMONTE SPRINGS FL 32714
 US**

Mailing Address

**405 DOUGLAS AVE
 STE 2105
 ALTAMONTE SPRINGS FL 32714
 US**

2. Principal Place of Business

455 DOUGLAS AVE., STE. 1155

3. Mailing Address

455 DOUGLAS AVE.

Suite, Apt. #, etc.
STE. 1155

Suite, Apt. #, etc.

STE. 1155

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number

59-3520195

Applied For

Not Applicable

Zip
32714

Country
SEMINOLE

Zip
32714

Country
SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, SOBAIDA
 405 DOUGLAS AVE
 STE 2105
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

HARVEY, LANI

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

455 DOUGLAS AVE., STE, #1155

City

ALTAMONTE SPRINGS,

FL

Zip Code
32714

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** ☐ Delete
 NAME **LOPEZ, SOBAIDA**
 STREET ADDRESS **2240 MAJESTIC WOODS BLVD**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 **D** ☒ Change ☐ Addition
 NAME **HARVEY, LANI**
 STREET ADDRESS **655 GLADES CIRCLE, APT #213**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

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

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

TITLE ☐ Change ☐ Addition
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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 (10/00)