

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085013

1. Entity Name

ATLANTIC DADE MORTGAGE CORP.

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90014 047 ***150.00

Principal Place of Business

9420 SUNSET DRIVE
SUITE 243
MIAMI, FL 33173

Mailing Address

9420 SUNSET DRIVE
SUITE 243
MIAMI, FL 33173

C0043504

2. Principal Place of Business

11440 N. KENDALL DR.

3. Mailing Address

11440 N. KENDALL DR.

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0867503

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YAMIL AGUAD
9420 SUNSET DRIVE
SUITE 243
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name YAMIL AGUAD

Street Address (Box Number is Not Applicable)
11440 N. KENDALL DRIVE

SUITE 104

City

MIAMI

FL

Zip

33176

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

YAMIL AGUAD

3-17-00

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	DPT	<input type="checkbox"/> Delete
NAME	AGUAD, YAMIL	
STREET ADDRESS	9420 SUNSET DR. SUITE 243	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	AGUAD, ARESKI	
STREET ADDRESS	9420 SUNSET DR. SUITE 243	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAD, YAMIL	
STREET ADDRESS	11440 N. KENDALL DR. SUITE 104	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	SDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAD, ARESKI	
STREET ADDRESS	11440 N. KENDALL DR. SUITE 104	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

YAMIL AGUAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

Date

305-275-9109

Daytime Phone #

CR2E034 (9/99)