

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90099 025 ***150.00

DOCUMENT # P98000085013

1. Entity Name
ATLANTIC MORTGAGE LENDING CORP.



Principal Place of Business
181 NAVARRE AVE.
CORAL GABLES FL 33134

Mailing Address
181 NAVARRE AVE.
CORAL GABLES FL 33134

2. Principal Place of Business
11430 N. KENDALL DR.

3. Mailing Address
11430 N. KENDALL DR.

Suite, Apt. #, etc.
SUITE 107

Suite, Apt. #, etc.
SUITE 107

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33176

Country
USA

Zip
33176

Country
USA

4. FEI Number **65-0867503**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AGUAD, YAMIL
185 NAVARRE AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **AGUAD, YAMIL**
Street Address (P.O. Box Number is Not Acceptable) **11430 N. KENDALL DR.**
SUITE 107
City **MIAMI** **FL** **Zip Code** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **YAMIL AGUAD/PRESIDENT**

DATE **1/19/2003**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ **Delete**
NAME **AGUAD, YAMIL**
STREET ADDRESS **185 NAVARRE AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ **Change** ☐ **Addition**
NAME **AGUAD, YAMIL**
STREET ADDRESS **11430 N. KENDALL DR., SUITE 107**
CITY-ST-ZIP **MIAMI, FL 33176**

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

12. 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 10 or Block 11 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

DATE **1/19/2003**

DAYTIME PHONE # **305-271-3300**

CR2E034 (10/02)