

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90040 005 \*\*\*150.00

**DOCUMENT # P98000098891**

1. Entity Name  
**ALL MORTGAGE CENTER INC.**

Principal Place of Business

**9404 SW 77TH AVENUE  
SUITE M6  
MIAMI FL 33156**

Mailing Address

**9404 SW 77TH AVENUE  
SUITE M6  
MIAMI FL 33156**

2. Principal Place of Business

**2701 LE JEUNE ROAD**

3. Mailing Address

**9404 SW 77 Ave**

Suite Apt. #, etc.

**345**

Suite Apt. #, etc.

**M6**

City & State

**CORAL GABLES, FL**

City & State

**Miami FL**

Zip

**33156**

Country

**USA**

Zip

**33156**

Country

**USA**

6. Name and Address of Current Registered Agent

**CHINCHILLA, FERNANDO  
9404 SW 77TH AVENUE  
SUITE M6  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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]*

Signature typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/13/02**

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, 2002 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 **P** ☐ Delete  
NAME **CHINCHILLA, FERNANDO**  
STREET ADDRESS **9404 SW 77TH AVENUE SUITE M6**  
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/8/02**

Daytime Phone #

**305-978-5601**

CR2E034 (9/01)