

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90116 049 \*\*\*150.00

DOCUMENT # P98000098891

1. Entity Name  
ALL MORTGAGE CENTER INC.



Principal Place of Business  
2701 LE JEUNE ROAD  
SUITE 345  
CORAL GABLES FL 33156  
US

Mailing Address  
9404 SW 77 AVENUE  
SUITE M6  
MIAMI FL 33156  
US



2. Principal Place of Business

5975 Sunset Drive (72nd Street)

3. Mailing Address

9404 SW 77 Ave

4. Suite, Apt. #, etc.

407

5. Suite, Apt. #, etc.

M6

6. City & State

South Miami, FL

7. City & State

Miami, FL

8. Zip

33143

9. Country

US

10. Zip

33156

11. Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0877820

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

*President*

*3/8/03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Fernando Chinchilla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/8/03*

Daytime Phone #

*305-978-5601*

CR2E034 (10/02)