

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101083

1. Entity Name

AMERICA'S MORTGAGE ADVISORS, INC.

Principal Place of Business

Mailing Address

1000 PONCE DE LEON BLVD.  
SUITE #117  
CORAL GABLES FL 33134

1000 PONCE DE LEON BLVD.  
SUITE #117  
CORAL GABLES FL 33134-3336

2. Principal Place of Business

3. Mailing Address

1000 Ponce de Leon Blvd.

1000 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

108

108

City & State

City & State

Coral Gables, Fl.

Coral Gables, Fl.

Zip

Zip

Country

Country

33134

USA

33134

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMADOR, ARMANDO  
1000 PONCE DE LEON BLVD.  
SUITE #108  
CORAL GABLES FL 33134

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, 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 PD ☒ Delete

NAME AMADOR, GABRIEL A  
STREET ADDRESS 3070 N.W. 15TH STREET  
CITY-ST-ZIP MIAMI FL 33125

TITLE VPD ☒ Delete

NAME AMADOR, DORA  
STREET ADDRESS 3070 N.W. 15TH STREET  
CITY-ST-ZIP MIAMI FL 33125

TITLE SD ☒ Delete

NAME AMADOR, ARMANDO  
STREET ADDRESS 5500 S.W. 131ST  
CITY-ST-ZIP MIAMI FL 33184

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 PD ☐ Change ☒

NAME DORA AMADOR  
STREET ADDRESS 3070 N.W. 15TH  
CITY-ST-ZIP MIAMI, FL 33125

TITLE VPD/SD ☐ Change ☒

NAME ARMANDO AMADOR  
STREET ADDRESS 5500 S.W. 131ST  
CITY-ST-ZIP MIAMI, FL 33184

TITLE ☐ Change ☐

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐

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 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 #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90113 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0879519 Applied For  
Not

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

01-03-00

01-03-00 (305) 443-1903