

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90172 015 \*\*\*150.00

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DOCUMENT # P98000101083

1. Entity Name

AMERICA'S MORTGAGE ADVISORS, INC.

Principal Place of Business

1000 PONCE DE LEON BLVD.  
108  
CORAL GABLES FL 33134

Mailing Address

1000 PONCE DE LEON BLVD.  
108  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

717 PONCE DE LEON BLVD.  
SUITE 307

3. Mailing Address

717 PONCE DE LEON BLVD.  
SUITE #307

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0879519

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name ARMANDO AMADOR  
Street Address (P.O. Box Number is Not Acceptable)  
717 PONCE DE LEON BLVD  
SUITE 307  
City Coral Gables FL Zip Code 33134

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

1-17-02

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	PD	<input type="checkbox"/> Delete
NAME	AMADOR, DORA	
STREET ADDRESS	3070 N.W. 15TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARMANDO, AMADOR	
STREET ADDRESS	550 SW. 131 CT	
CITY-ST-ZIP	MIAMI FL 33184	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

Daytime Phone #

(305) 443-1903

CR2E034 (9/01)