

2000 UNIFORM BUSINESS REPORT (UBR)

16FL

DOCUMENT # P99000018070

1. Entity Name
ALL FLORIDA MORTGAGE FINANCE CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
00 JUL 12 PM 12:03

Principal Place of Business Mailing Address

AV043509

2. Principal Place of Business 9260 SW 72nd ST 3. Mailing Address 9260 SW 72nd ST

Suite, Apt., etc. #217 Suite, Apt., etc. #217

City & State MIAMI FL City & State MIAMI FL

Zip 33173 Country DADE Zip 33173 Country DADE

4. FEI Number 650896906 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMILIO A. PATROT
9260 SW 72nd ST #217
MIAMI FL 33173

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]

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

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	PATRICIA PINA P	☐ Delete
STREET ADDRESS	9260 SW 72nd ST #217	
CITY-STATE-ZIP	MIAMI FL 33173	
TITLE	ADALBERTO PINA VP	☐ Delete
STREET ADDRESS	9260 SW 72nd ST #217	
CITY-STATE-ZIP	MIAMI FL 33173	
TITLE	EMILIO A. PATROT S	☐ Delete
STREET ADDRESS	9260 SW 72nd ST #217	
CITY-STATE-ZIP	MIAMI FL 33173	
TITLE	JUAN A. ECHENARRIA T	☐ Delete
STREET ADDRESS	9260 SW 72nd ST #217	
CITY-STATE-ZIP	MIAMI FL 33173	

TITLE		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		

700003328577-9
-07/19/00-01105-015
-***165.00, ***165.00

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 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 and am duly authorized 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 an other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00

Daytime Phone

ALL FLORIDA MORTGAGE FINANCE CORP.
9260 SUNSET DR, SUITE # 217
MIAMI, FL 33173
Tel (305) 595-0399
Fax (305) 595-9086

FROM THE DESK OF SIRIA

TO: Florida Dept state
No. OF PAGES: 3
ATTENTION: Pat Bailey
FAX NUMBER: 850-487-6015
DATE: 6/30/00
SUBJECT: Payment # 797 0000 18070

SPECIAL INSTRUCTIONS: I Just Received
the check or cashiers check from AAL
They Dont Delivered to P.O Box so
it was mistake by us. and the person
who pick up. didnt see that was a
P.O. Box. I Sorry for all the
problem that this cause and Delay.

SINCERELY YOURS,

SR