

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037458

1. Entity Name

ALL FAMILY MORTGAGE CORP.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90074 010 ***150.00

Principal Place of Business

Mailing Address

5190 N.W. 167TH STREET
SUITE 110
MIAMI FL 33104

5190 N.W. 167TH STREET
SUITE 110
MIAMI FL 33014-6329

2. Principal Place of Business

3. Mailing Address

5190 N.W. 167 STREET
Suite, Apt. #, etc.
Suite 110

5190 N.W. 167 STREET
Suite, Apt. #, etc.
Suite 110

City & State
MIAMI, FLORIDA

City & State
HIALEAH, FL. 33014

Zip Country
33014 USA

Zip Country
33014 USA

4. FEI Number
65-0917874

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

LIMA, CELSO H
16417 SAPPHIRE DRIVE
WESTON FL 33331

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] Celso H. Lima

03-09-00

Signature, typed or printed name of registered agent and fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P/S/D
CELSO H. Lima
16417 SAPPHIRE DR.
WESTON, FL. 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CELSO H. Lima 03-09-00 305-624-0244
Date Daytime Phone #

CR2E034 (9/99)