

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057293

1. Entity Name

FIRST INTERBANK MORTGAGE CORPORATION

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90104 015 ***150.00

Principal Place of Business

100 S. PINE ISLAND ROAD
SUITE 201-A
PLANTATION FL 33324

Mailing Address

100 S. PINE ISLAND ROAD
SUITE 201-A
PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3938 HAWKS COURT

Suite, Apt. #, etc.

City & State

WESTON FLA

Zip

33331

Country

USA

4. FEI Number

65-0929872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPARD & LESKER, P.A.
100 S. PINE ISLAND ROAD
SUITE 201-A
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name DAVID AMICO

Street Address (P.O. Box Number is Not Acceptable)

3938 HAWKS COURT

City WESTON

FL

Zip Code

33331

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

4/18/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	AMICO, DAVID T	
STREET ADDRESS	100 S. PINE ISLAND ROAD SUITE 201-A	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMICO, DIANE K	
STREET ADDRESS	100 S. PINE ISLAND ROAD SUITE 201-A	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMICO, MICHAEL D	
STREET ADDRESS	12 FAIRLAWN DRIVE	
CITY-ST-ZIP	AMHERST NY 14226	
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		
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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

Date

Daytime Phone #

DAVID AMICO 4/18/01 754 929-8103

CR2E034 (10/00)