

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90139 018 \*\*\*150.00

0363700 AV

**DOCUMENT # P99000057293**

1. Entity Name

**FIRST INTERBANK MORTGAGE CORPORATION**



Principal Place of Business

**1517 PRESIDIO DRIVE  
WESTON FL 33327**

Mailing Address

**1517 PRESIDIO DRIVE  
WESTON FL 33327**

2. Principal Place of Business

**3921 Tree TOP DR**

3. Mailing Address

**3921 Tree TOP DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WESTON FLA**

City & State

**WESTON FLA**

Zip

**33332**

Country

**USA**

Zip

**33332**

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

**AMIGO, DAVID  
1517 PRESIDIO DRIVE  
WESTON FL 33327**

**Amico**

7. Name and Address of New Registered Agent

Name **DAVID AMICO**

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

**3921 TREE TOP DR**

City **WESTON**

**FL**

Zip Code **33332**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **AMICO, DAVID T**  
STREET ADDRESS **1517 PRESIDIO DRIVE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **D** ☒ Delete  
NAME **AMICO, DIANE**  
STREET ADDRESS **1517 PRESIDIO DRIVE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **D** ☒ Delete  
NAME **AMICO, MICHAEL**  
STREET ADDRESS **12 FAIRLAWN DRIVE**  
CITY-ST-ZIP **AMHERST NY 14226**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/23/03**

**954 647 5583**

CR2E034 (10/02)