

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057834

1. Entity Name

AMERICAN EXCHANGE MORTGAGE BANKERS CORP.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90095 022 \*\*\*550.00

Principal Place of Business

5900 S.W. 84TH AVENUE  
 MIAMI FL 33143

Mailing Address

5900 S.W. 84TH AVENUE  
 MIAMI FL 33143-1545

2. Principal Place of Business

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

711

City & State

CORAL GABLES FL

Zip

33134

Country

USA

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

711

City & State

CORAL GABLES FL

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0931577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BANEGAS, ARI  
 5900 S.W. 84TH AVENUE  
 MIAMI FL 33143

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title 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

TITLE D ☐ Delete  
 NAME VICTORES, ABEL  
 STREET ADDRESS 3171 N.W. 19TH STREET  
 CITY-ST-ZIP MIAMI FL 33125

TITLE D ☐ Delete  
 NAME BANEGAS, ARI  
 STREET ADDRESS 5900 S.W. 84TH AVENUE  
 CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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

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: ARI BANEGAS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00 305-445-1525  
 Date Daytime Phone #

CR2E034 (9/99)