

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90098 037 \*\*\*550.00

**DOCUMENT # P99000093974**

1. Entity Name  
**FINANCE MORTGAGE OF AMERICA, INC.**

Principal Place of Business      Mailing Address  
 6458 NW 1170 TERRACE      6458 NW 1170 TERRACE  
 MIAMI FL 33015      MIAMI FL 33015

2. Principal Place of Business      3. Mailing Address  
**7990 SW 117 AVE**      **7170 SW 119 ST**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#137**

City & State      City & State  
**MIAMI, FLA.**      **MIAMI, FLORIDA**

Zip      Country      Zip      Country  
**33183**      **DADE**      **33156**      **DADE**

4. FEI Number      Applied For  
**65-0956220**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**ALOS, ANDRES F**  
**3306 PONCE DE LEON SUITE 250**  
**CORAL GABLES FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>GUERRA, ALEXANDER</b>    |                                 |
| STREET ADDRESS | <b>6458 NW 1170 TERRACE</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33015</b>       |                                 |
| 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    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>PRESIDENT</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ALEXANDER GUERRA.</b>      |  |
| STREET ADDRESS | <b>6458 NW 1170 TELL</b>      |  |
| CITY-ST-ZIP    | <b>MIAMI, FLA. 33015</b>      |  |
| TITLE          | <b>CEO</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>ANTONIO VIAS</b>           |  |
| STREET ADDRESS | <b>7170 SW 119 ST.</b>        |  |
| CITY-ST-ZIP    | <b>MIAMI, FLORIDA. 33156.</b> |  |
| 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           |                               |  |
| 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 info empowered.

SIGNATURE: *Antonio Vias* **ANTONIO VIAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-26-00**

Date      Daytime Phone #

CR2E034 (5/00)