

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-26-2002 90091 048 ***158.75

DOCUMENT #

ALL STAR MORTGAGE FINANCIAL CORP.

1. Entity Name

8830 Coral Way
MIAMI, FL 33165
Ph. 305-225-8889
Fax 305-207-2707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8830 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Address

8830 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLA

Zip

33165

Country

USA

Zip

33165

Country

USA

4. FEI Number

65-0960619

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEVEN DUBBERLY

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

9701 BISCAYNE BLVD

City MIAMI

FL

Zip Code

33138

DO NOT WRITE
IN THIS SPACE

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.

STEVEN DUBBERLY
PRESIDENT

(NOTE: Registered Agent signature required when reappointing)

DATE

04-04-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
P.	STEVEN DUBBERLY	9701 BISCAYNE BLVD	MIAMI, FL 33138
V.	MARCELINO SUAREZ	15250 SW 139 ST	MIAMI, FL 33196
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td>	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

STEVEN DUBBERLY

03/11/02

Date

305-225-8889

Daytime Phone #

CR2E034B (12/01)