

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

0140601

**DOCUMENT # S36757**

1. Entity Name

**AMERIFINANCIAL, INC.**

05-15-2001 90158 016 \*\*\*150.00

**00051585**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>345 ALMERIA AVE CORAL GABLES FL 33134 US</b>		Mailing Address <b>PO BOX 143746 CORAL GABLES FL 33114-3746 US</b>	
2. Principal Place of Business <b>1840 Southwest 22 Street Suite, Apt. #, etc. Suite 102</b>		3. Mailing Address <b>P.O. Box 451437 Suite, Apt. #, etc.</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33145</b>	Country	Zip <b>33245</b>	Country
4. FEI Number <b>65-0257046</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA PA 343 ALMERIA AVE CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Spiegel &amp; Utrera, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1840 Southwest 22 Street</b> <b>4th Floor</b> City <b>Miami</b> FL Zip Code <b>33145</b>	
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. <b>Spiegel &amp; Utrera, P.A.</b> SIGNATURE By: <i>[Signature]</i> <b>Natalya Utrera, Vice-President</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/26/01</b>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SPIEGEL, LAWRENCE J 345 ALMERIA AVE CORAL GABLES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Spiegel, Lawrence J. 1840 Southwest 22 Street, Suite 102 Miami, Florida 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fee empowered.

SIGNATURE:

*[Signature]* **Lawrence J. Spiegel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)