2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # 762172

1. Entity Name
BAC FUNDING CORPORATION

Principal Place of Business	Mailing Address
6600 NW 27 AVE	6600 NW 27 AVE
MIAMI FL	MIAMI FL
33147 US	33147 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2196535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER EDWIN L.
6600 NW 27 AVE,
MIAMI FL
33147 US

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 _____ 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	CANCELLA JOSE			NAME	BERNARD BASIL		
STREET ADDRESS	6600 N.W. 27TH AVENUE			STREET ADDRESS	386 NE 191 STREET		
CITY-ST-ZIP	MIAMI	FL	33147	CITY-ST-ZIP	MIAMI	FL	
TITLE	D	☐ Delete		TITLE	TD	☒ Change	☐ Addition
NAME	BRYAN CASTELL			NAME	GRIFFIN-HUNTER KIM		
STREET ADDRESS	6600 N.W. 27TH AVENUE			STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 400		
CITY-ST-ZIP	MIAMI	FL	33147	CITY-ST-ZIP	MIAMI	FL	
TITLE	PD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MILLER EDWIN L.			NAME			
STREET ADDRESS	6600 N.W. 27TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI	FL		CITY-ST-ZIP			
TITLE	CD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	FRAZIER, RONALD E			NAME			
STREET ADDRESS	1320 NW 88TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI	FL		CITY-ST-ZIP			
TITLE	SD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MCNEILL E. ANN			NAME			
STREET ADDRESS	6600 NW 27TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI	FL		CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

CR2E037 (11/00)

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 617, 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: EDWIN L. MILLER PD 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #