

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90183 031 ****61.25

DOCUMENT # 766594

1. Entity Name

BAC FUNDING CONSORTIUM, INC.



Principal Place of Business

**6600 N.W. 27TH AVE
MIAMI FL 33147
US**

Mailing Address

**6600 N.W. 27TH AVE
MIAMI FL 33147
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2425541**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, EDWIN L.
6600 N.W. 27 AVE.
MIAMI FL 33147**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	FRAZIER, RONALD E.	
STREET ADDRESS	1320 N.W. 88TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, EDWIN L.	
STREET ADDRESS	6600 N.W. 27 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIGGINS, PAUL	
STREET ADDRESS	1 FINANCIAL PLAZA	
CITY-ST-ZIP	FT LAUDERDALE FL 33394	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, BARTON S	
STREET ADDRESS	6600 NW 27TH AVE.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASFERRER, EDUARDO	
STREET ADDRESS	3750 NW 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN-HUNTER, KIM	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 400	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Otto Latimer		
STREET ADDRESS	17121 NE 6th Avenue		
CITY-ST-ZIP	Miami, FL 33162		
TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Karin Vickers		
STREET ADDRESS	1450 NW 77th Court, Suite 200		
CITY-ST-ZIP	Miami Lakes, FL 33016		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Danny Martin		
STREET ADDRESS	3495 NW 82nd Avenue		
CITY-ST-ZIP	Miami, FL 33122		
TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jessie B. Houston		
STREET ADDRESS	6600 NW 27th Avenue		
CITY-ST-ZIP	Miami, FL 33147		
TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Terrell G. West		
STREET ADDRESS	6600 NW 27th Avenue		
CITY-ST-ZIP	Miami, FL 33147		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)