

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**
6600 NW 27 AVE
MIAMI FL 33147 US**Mailing Address**
6600 NW 27 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
59-2196535Applied For
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**7. Name and Address of New Registered Agent**MILLER EDWIN L.
6600 NW 27 AVE,

MIAMI FL 33147 US

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 reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$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
NAME CANCELLA JOSE
STREET ADDRESS 6600 N.W. 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33147**TITLE** D ☒ Change ☐ Addition
NAME BERNARD BASIL
STREET ADDRESS 386 NE 191 STREET
CITY-ST-ZIP MIAMI FL**TITLE** D ☐ Delete
NAME BRYAN CASTELL
STREET ADDRESS 6600 N.W. 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33147**TITLE** TD ☒ Change ☐ Addition
NAME GRIFFIN-HUNTER KIM
STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE 400
CITY-ST-ZIP MIAMI FL**TITLE** PD ☐ Delete
NAME MILLER EDWIN L.
STREET ADDRESS 6600 N.W. 27TH AVENUE
CITY-ST-ZIP MIAMI FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** CD ☐ Delete
NAME FRAZIER, RONALD E
STREET ADDRESS 1320 NW 88TH STREET
CITY-ST-ZIP MIAMI FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** SD ☐ Delete
NAME MCNEILL E. ANN
STREET ADDRESS 6600 NW 27TH AVE.
CITY-ST-ZIP MIAMI FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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)(f), 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 #

CR2E037 (11/00)