## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** F9400000686 1. Entity Name USA MORTGAGE CORPORATION

## FILED Mar 15, 2002 8:00 am Secretary of State 03-15-2002 90020 011 \*\*\*150.00

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CITY A SIME OF A MONTH AGE CORPORATION. Number 36-3664810   Applied For Now Applicable P.O. Box 49287   Applied For Now Applied Box 1. Now Applicable Services of Current Registered Agent   Applied For Now Applicable   S. 7. Name and Address of Now Registered Agent   Applied For Now Applicable   S. 7. Name and Address of Now Registered Agent   Applied For Now Applicable   Applied For Now Applicable   Applied For Now Applied For	2. Principal	Place of Business  PLAST	3. Malin Ordanos OX	1499	87		te. 18111 #1811 68111 #9111 #1	1111 66111 66111					
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S. Certificate of Status Desired   Ss. 75 Additional   Ss. 75 Addi	Cit (3-par	MAKOTA PL	City & State D	TGAGE COR	PORATIC	A Number	36-3664810	· · · · · · · · · · · · · · · · · · ·	- <del>}</del>	<del></del> -	Ī		
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda.  Signature, index of revised amend index specialists.  Only FL Zip Code  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda.  Signature, index of revised amend index specialists.  Only FL Zip Code  City FL Zip Code  City FL Zip Code  Signature, index of revised amend index specialists.  Only FL Zip Code  Total Triang requirement and elects to do so.  After May 1, 2002 Fee will be \$55,000 Aft	→ZiR A >	Cognetry	Zip Saraso	(a,5L,3423)	R907			\$t			┧		
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2345 SAND LAKE ROAD SUITE 120 ORLANDO FL 32809  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This cortoxigation is eligible to satisfy its Intangia or Tax fling requirement and dicits to do so.  Tax fling requirement and dicits to do so.  Make Chack Payable to Department of State  11.:  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.:  OFFICERS AND DIRECTORS  11.:  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FLE NAME  STRET ADDRESS  CITY-51-2P  CITY-5		6. Name and Address of Current Re	egistered Agent	Name	7.	Name and A	ddress of New Heg	istered Ag	ent		┨		
2345 SAND LAKE ROAD SUITE 120 ORLANDO FL 32809  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This cortoxigation is eligible to satisfy its Intangia or Tax fling requirement and dicits to do so.  Tax fling requirement and dicits to do so.  Make Chack Payable to Department of State  11.:  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.:  OFFICERS AND DIRECTORS  11.:  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FLE NAME  STRET ADDRESS  CITY-51-2P  CITY-5	KORSHAK	KORSHAK, STEPHEN D											
R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordae.  SIGNATURE  Signatur, great or present area of registered eagent with the approaches. Profit Registered agent, or both, in the State of Fordae.  SIGNATURE  Signatur, great or present area of registered eagent with the approaches. Profit Registered agent, or both, in the State of Fordae.  SIGNATURE  Signatur, great or present area of registered eagent with the approaches. Profit Registered agent, or both, in the State of Fordae.  SIGNATURE  Special profit Registered eagent, or both, in the State of Fordae.  FILE NOWITH FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11 OFFICERS AND DIRECTORS IN 11  TILE  PERSTEIN, MICHAEL L  STRETADORS CITY-ST-2P  SAMULS OTA R. 342.37  THE  NAME  STRETADORS CITY-ST-2P  SAMULS OTA R. 342.37  STRETADORS CITY-ST-2P  STRETADORS CITY-ST-2P  STRETADORS CITY-ST-2P  STRETADORS CITY-ST-2P  TITLE  NAME  STRETADORS CITY-ST-2P  TITLE					Street Address (F.O. Box Number is Not Acceptable)								
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