

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000006645

FILED  
Feb 26, 2002 8:00 AM  
Secretary of State

Entity Name: PMCC MORTGAGE CORP.

## Current Principal Place of Business:

3 EXPRESSWAY PLAZA  
ROSLYN HEIGHTS, NY 11577

## New Principal Place of Business:

189 SUNRISE HIGHWAY  
SUITE 302  
ROCKVILLE CENTRE, NY 11570

## Current Mailing Address:

189 SUNRISE HIGHWAY  
SUITE 302  
ROCKVILLE CENTRE, NY 11570

## New Mailing Address:

FEI Number: 22-3091643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REIBMAN, GENE ESQ.  
600 NORTHEAST THIRD AVENUE  
FORT LAUDERDALE, FL 33304      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SOSKIN, ANDREW  
Address: 189 SUNRISE HWY., #302  
City-St-Zip: ROCKVILLE CENTRE, NY 11570

Title: D ( ) Delete  
Name: GOLD, JOEL  
Address: 189 SUNRISE HWY., #302  
City-St-Zip: ROCKVILLE CENTRE, NY 11570

Title: D ( ) Delete  
Name: KREITMAN, STANLEY  
Address: 189 SUNRISE HWY., #302  
City-St-Zip: ROCKVILLE CENTRE, NY 11570

Title: D ( ) Delete  
Name: CHERY, LOUIS  
Address: 189 SUNRISE HWY., #302  
City-St-Zip: ROCKVILLE CENTRE, NY 11570

Title: D ( ) Delete  
Name: REDA, AL  
Address: 189 SUNRISE HWY., #302  
City-St-Zip: ROCKVILLE CENTRE, NY 11570

Title: D (X) Delete  
Name: FLYER, DANIEL  
Address: 189 SUNRISE HWY., #302  
City-St-Zip: ROCKVILLE CENTRE, NY 11570

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAFFNER, KEITH  
Address: 189 SUNRISE HWY., #302  
City-St-Zip: ROCKVILLE CENTRE, NY 11570

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KATZ, WARREN  
Address: 189 SUNRISE HWY., #302  
City-St-Zip: ROCKVILLE CENTRE, NY 11570

Title: EVP (X) Change ( ) Addition  
Name: MAYER, STEPHEN  
Address: 189 SUNRISE HWY., #302  
City-St-Zip: ROCKVILLE CENTRE, NY 11570

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH S HAFFNER

PRES

02/26/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date