

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F910000003312**

1. Entity Name

**MORTGAGE IT, Inc.**

**DO NOT WRITE IN THIS SPACE**

**653208**

2. Principal Place of Business

**33 Maiden Lane**

3. Mailing Address

**33 Maiden Lane**

Suite, Apt. #, etc.

**6th Floor**

Suite, Apt. #, etc.

**6th Floor**

City & State

**New York NY**

City & State

**New York NY**

Zip

**10038**

Country

**US**

Zip

**10038**

Country

**US**

4. FEI Number

**134049218**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Blumberg Executor Corporate Services Inc.**  
Street Address (P.O. Box Number is Not Acceptable)

**4435 Old Winter Garden Road**

City **Orlando**

**FL**

Zip Code **32811**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P/D**  
NAME **Mark C. Pappas**  
STREET ADDRESS **719 Greenwich Street**  
CITY-ST-ZIP **New York, NY 10014**

TITLE **S/D CEO**  
NAME **Doug W. Nardus**  
STREET ADDRESS **225 West 83 Street**  
CITY-ST-ZIP **New York, NY 10024**

TITLE **F**  
NAME **Philip Kukafka**  
STREET ADDRESS **49 Eileen Ave.**  
CITY-ST-ZIP **Plainville, NY 11803**

TITLE **D**  
NAME **Fred A. Assenheimer**  
STREET ADDRESS **5 Indian Lane**  
CITY-ST-ZIP **Florham Park, NJ 07932**

TITLE **D**  
NAME **Michael Morocco**  
STREET ADDRESS **25 East End Ave. 14F**  
CITY-ST-ZIP **New York, NY 10028**

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**

Date

**(212) 651-7050**

Daytime Phone #

CR2E034B (12/01)