2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J02949 DOCUMENT

1. Entity Name

INVESTORS MORTGAGE FUNDING CORP.



Apr 21, 2003 8:00 am \$ Secretary of State \$ 04-21-2003 90456 010 **** **FILED** 04-21-2003 90456 019 ***150.00

						Co WE 1						
Principal Place of Business C/O HAROLD H. DUBNER 7555 MANDARIN DR. BOCA RATON FL 33433			Mailing Address C/O HAROLD H. DUBNER 7555 MANDARIN DR. BOCA RATON FL 33433									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF	MAKING (CHANGES		
City & State			City & State				4.	FEI Number 65-0083959			pplied For ot Applicable	
Zip Country		Zip Coun		ntry	5.	Certificate of Status Desired		8.75 Ad	ditional			
	6. Name	and Address of Current R	egistered	Agent		₊ ,	7.	Name and Address of New Re	gistered Ag	ent		
						Name						
Dubner, Ronald 1489 w Plametto PK RD RM 425						Street Add	Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33486												
	•					City		*	FL	Zip Cod	le	
	named entit		the purpos	e of changing its	register	ed office or re	gistered a	gent, or both, in the State of Flori	da. I ami far	miliar with,	and accept	
ino obliga	nona or regia	orod agont.										
SIGNATURE		or printed name of registered agent an	d title if applica	able. (NOTE	: Registere	d Agent signature	required when	reinstating)	DATE			
	II E NOW!	II FFF IS \$150.00										
FILE NOW!!! FEE IS \$150.00 After Mg3 1, 2003 Fee will be \$550.00								9. Election Campaign Fina			0 May Be	
Make Check Parable to Florida Department of State								Trust Fund Contribution.	نا .	Adde	d to Fees	
10.	7	OFFICERS AND D	IRECTORS	3	11.		Al	DDITIONS/CHANGES TO OFFIC	CERS AND D	IRECTOR	S IN 11	
TITLE	Db)			☐ Delete	TITL	E .			[Change	☐ Addition	
NAME	DUBNER, HAROLD H.		NAM		- 1							
STREET ADDRESS CITY-ST-ZIP	2004 24204 21					ET ADDRESS -ST-ZIP						
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CITY-ST-ZIP	-	TON FL 33433				-ST-ZIP						
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CITY-ST-ZIP		Y VA 20151				-ST-ZIP					}	
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NAME	DUBNER,				NAM	i					ĺ	
STREET ADDRESS		ALMETTO PK RD, RM 4	25			ET ADDRESS						
CITY-ST-ZIP	BUCA RA	TON FL 33486			-	-ST-ZIP						
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NAME STREET ADDRESS					NAMI STRE	E ET ADDRESS						
STREET ADDITED	l				SINE	LI ADUNESS						

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE