2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02304

1. Entity Name

FIRST SECURITY TRUST MORTGAGE CORP.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90113 005 ***150.00

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Principal Place of Business 8275 WEST 12TH AVE STE C			8275 N	Mailing Address 8275 W 12 AVE HIALEAH FL 33014						. 7. 2				
HIALEAH FL 33014 US			US											
2. Principal Place of Business			3. Mai	3. Mailing Address						188 IIIII 8811	8161 91811 11		DEBLI DIBLI LOBE	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State				City & State			4. FEI Number 59-29601			960139			Applied For Not Applicable]
Zip	Zip Country			Zip		Country		. Certifica	ate of Status	Desired		\$8.75 A		
	6. Name	and Address of	Current Registere	Registered Agent			7	'. Name a	ind Address	of New R	egistered	Agent]
						Name								ĺ
PULLES, JU 8275 WEST			St			Street Address (P.O. Box Number is Not Acceptable)							1	
STE C	I IZIN AVE	•												1
HIALEAH F	L 33014	•					/			FL	L Zip Code			
	named entity ions of regist		tement for the purp	ose of changing its	registere	ed office or	registered	agent, or	both, in the	State of Flo	orida. 1 am	familiar with	n, and accept	
SIGNATURE _	Signature, typed	or printed name of regis	stered agent and title it app	olicable. (NOTE	Registere	d Agent signatu	re required whe	en reinstating)			DATE			
After	May 1, 200	! FEE IS \$150 3 Fee will be \$	550.00	_				9,	Election Ca Trust Fund (mpaign Fir	nancing		00 May Be	_
Make Check	Payable to	Florida Depar	tment of State	Ì										
10.		OFFICE	ERS AND DIRECTO	ORS	11.			ADDITION	VS/CHANG	S TO OFF	ICERS AND			_
	DP			☐ Delete	TITLE	1						Change	☐ Addition	0/02
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12. I hereby o	ertify that the	e information sup	plied with this filing	does not qualify for	the exe	mption stat	ed in Section	on 119.07((3)(i), Florida foct as if ma	a Statutes.	turther ce	rtity that the	Intermation	

2. Thereby certify that the information supplies with this filling does not quality for the exception stated in Section 173(f), Florida Statutes. Find the distribution 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (

(305) 822-2828

Daytime Phone #