

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # P00000021678
1. Entity Name
FLORIDA MORTGAGE AUTHORITY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1661 S CONGRESS AVENUE Suite, Apt. #, etc.	3. Mailing Address 1661 S CONGRESS AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL	4. FEI Number 65-1035322	Applied For Not Applicable
Zip 33406	Country	Zip 33406	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VOGEL, HOWARD I
Street Address (P.O. Box Number is Not Acceptable) 1661 S CONGRESS AVENUE
City WEST PALM BEACH
State FL
Zip Code 33406

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOGEL, HOWARD I 1661 S CONGRESS AVENUE WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/04 561-645-7710