2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000069176 1. Entity Name					FILED			
					Mar 26, 2001 8:00 am Secretary of State			
MAXTEC	CH LOAN PROCESSING, INC.					1 90021 008 ***150		
Principal Plac	ce of Business	Mailing Address						
		3487 HIATUS ROAD SUNRISE FL 33351						
2 Dringing Li	Place of Pusings	3. Mailing Address	VII.					
			ian Street		DO NOT WRITE IN THIS SPACE			
City & Sta	City Florida	City & State Cooper City	Florida	4.	FEI Number 102-1965	⊢	pplied For ot Applicable	
3302L	Country V USA	33 02b	Country USA	5.	. Certificate of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current F	legistered Agent	Name	7.	Name and Address of New	Registered Agent		
TILLMAN, HARVEY								
1966 S LANDING WAY WESTON FL 33326			Street A	adress (P.O.	. Box Number is Not Acceptat			
			City	- · · ·	*	FL Zip Coo	de	
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office or	registered a	agent, or both, in the State of F	lorida.		
	A TIE	11	1.1			3-19.01		
SIGNATURE	Signature, typed or printed freme of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signate	ire required when	n reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: (See criteria on back) FILE NOW!! After MAY 1, 200 Make Check Payable			•	50.00	10. Election Campaign F Trust Fund Contribut	ν μ ψυ	00 May Be d to Fees	
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	IS IN 11	
TITLE NAME	D HYMAN, BRAD	☐ Delete	TITLE NAME	1.		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3540 N 32 TERR HOLLWOOD FL 33021		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	D TILLMAN, HARVEY	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1966 S LANDING WAY WESTON FL 33326		STREET ADDRESS					
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	PAGE AN, DENIS 1621 NW 81 WAY		NAME STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL 33322		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME		* *	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	•		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harvay

SIGNATURE: Harvay

SIGNATURE: Harvay

SIGNATURE: Harvay

Harvay

Harvay

9 91 430 -4510 Daytime Phone #