

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90003 030 ***150.00

10325457 AV

DOCUMENT # P00000093110

1. Entity Name

FIRST MUTUAL FUNDING, INC.

Principal Place of Business

**1876 N UNIVERSITY DR
 SUITE 301
 PLANTATION FL 33322**

Mailing Address

**4739 NW 4TH COURT
 PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

309-A

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1043824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WRIGHT, DUNBAR
 4739 NW 4TH COURT
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

01/09/02

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WRIGHT, PRINCESS**
 CITY-ST-ZIP **4739 NW 4TH COURT
 PLANTATION FL 33317**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCKAY, KAY**
 CITY-ST-ZIP **260 S W 66TH AVE
 MARGATE FL 33068**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WRIGHT, DUNBAR**
 CITY-ST-ZIP **4739 NW 4TH COURT
 PLANTATION FL 33317**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SHAW, BARBARA**
 CITY-ST-ZIP **16200 N E 9TH PLACE
 N MIAMI FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **360 S.W. 66TH AVE.**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 954-382-2011
 Date Daytime Phone #

CR2E034 (9/01)