2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000103672**

1. Entity Name
PRIVATE MORTGAGE FUNDING CORP.

Principal Place of Business	Mailing Address
4747 HOLLYWOOD BLVD., STE. 203	4747 HOLLYWOOD BLVD., STE. 203
HOLLYWOOD FL	HOLLYWOOD FL
33021	33021

2. Principal Place of Business	3. Mailing Address
4747 HOLLYWOOD BLVD.	4747 HOLLYWOOD BLVD
Suite, Apt. #, etc. SUITE 203	Suite, Apt. #, etc. SUITE 203
City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
Zip 33021 / Country	Zip 33021 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0991612** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAUVEL GABRIEL
4747 HOLLYWOOD BLVD., STE. 203
HOLLYWOOD FL
33021

7. Name and Address of New Registered Agent

Name
CHAUVEL GABRIEL
Street Address (P.O. Box Number is Not Acceptable)
4747 HOLLYWOOD BLVD
SUITE 203
City
HOLLYWOOD **FL** Zip Code 33021

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 GABRIEL CHAUVEL 04/14/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 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!!! FEE IS $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE PRES / NAME CHAUVEL GABRIEL / STREET ADDRESS 4747 HOLLYWOOD BLVD SUITE 203 / CITY-ST-ZIP HOLLYWOOD FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Gabriel Chauvel Pres 04/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #