2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P0100007870 DOCLIMENT



FILED Mar 24, 2003 8:00 am § Secretary of State

1. Entity Name NATIONWIDE TRUST MORTGAGE CORP.				03-24-2003 90245 031 ***158.75	
Principal Place of Business 21180 MAINSAIL CIRCLE #B12 AVENTURA FL 33180		Mailing Address 21180 MAINSAIL CIRCLE #B12 AVENTURA FL 33180			
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2. Principal Place of Business		3. Mailing Address		T EBBILOOK IN DELBA INON BOTH DENK OCH OCH INON 1884 LUNK HOUR VOIL AND	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1091139 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	- 6. Name and Address of Current	Registered Agent		7.3Name and Address of New Registered Agent	
			Name	- Agracia A Maritan	
SAVAGE, CRAIG D				ı	
801 NE 167TH STREET SUITE 302			ss (P.O. Box Number is Not Acceptable)		
NORTH M	IAMI BEACH FL 33162				
	i Albania de la Caración de la Carac		City	FL Zip Code	
signature	e named entity submits this statement fortions of registered agent. Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00		S registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept uired when reinstating) DATE	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BERMAN, STEWART 21180 MAINSAIL CIRCLE #B12 AVENTURA FL 33180		NAME STREET ADDRESS CITY-ST-ZIP		
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	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY'ST-ZIP	☐ Change ☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #