FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90708 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044607

1. Entity Name
FIRST USA MORTGAGE INC

Principal Place of Business	Mailing Address
7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	~~7925 NW 12 STREET SUITE~~ 318 ~~MIAMI, FL 33126~~

2. Principal Place of Business	3. Mailing Address 8262 nw 164 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami Lakes FL.
Zip / Country	Zip 33016 / Country Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1110655 — [X] Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CHAPONICK, EVELYN
7925 NW 12 STREET SUITE 318
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name: Rodolfo Gonzalez.
Street Address (P.O. Box Number is Not Acceptable): 8262 nw 164 st
City: Miami Lakes FL Zip Code: 33016

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] Signature, typed or printed name of registered agent and title if applicable. [signature] (NOTE: Registered Agent signature required when reinstating) DATE 4/29/2003

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD GONZALEZ, RODOLFO ~~7925 NW 12 STREET SUITE 318~~ 8262 nw 164 st ~~MIAMI, FL 33126~~ Miami, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rodolfo Gonzalez 8262 nw 164 st Miami Lakes, FL 33016 ☒ Change ☐ Addition — address
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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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: [signature] 4/29/2003 305-698-67a
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (10/02)