

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000067426**

1. Entity Name  
**APEX MUTUAL MORTGAGE CORPORATION, INC.**



Principal Place of Business  
8239 NW 8 PLACE  
PLANTATION FL 33324

Mailing Address  
8239 NW 8 PLACE  
PLANTATION FL 33324

2. Principal Place of Business <b>1580 Sawgrass Corp Pkwy</b>	3. Mailing Address Suite, Apt. #, etc. <b>130</b>
Suite, Apt. #, etc. <b>130</b>	Suite, Apt. #, etc. <b>730</b>
City & State <b>SUNRISE FL 33323</b>	City & State <b>SUNRISE FL</b>
Zip <b>33323</b>	Country <b>USA</b>
Zip <b>33323</b>	Country <b>USA</b>

4. FEI Number **65-1118412**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  <b>ROMANO, PAUL 8239 NW 8 PLACE PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-3-03**

**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	<input type="checkbox"/> Delete <b>D ROMANO, PAUL 8239 NW 8 PLACE PLANTATION FL 33324</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-03**

**9015778090**

Date

Daytime Phone #

CR2E034 (10/02)

0357557  
AV