

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90134 038 \*\*\*150.00

**DOCUMENT # P01000091195**

1. Entity Name

**PROGRESSIVE MORTGAGE FUNDING CORP.**

**00130211**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**519 NW 161 AVE  
PEMBROKE PINES FL 33028**

Mailing Address

**519 NW 161 AVE  
PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1141670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINT, IAN**

**519 NW 161 AVE**

**PEMBROKE PINES FL 33028**

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**SECRETARY  
CORREL WINT  
519 NW 161 AVE  
PEMBROKE PINES FL 33028**

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

**7/10/02 954.430.4492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

Attachment

PO1000091195

Progressive Mortgage Funding Corp.  
519 NW 161 Ave.  
Pembroke Pines , Fl.33028  
July 11, 2002

Florida Department of State

Dear Sir/Madam,

After careful examination by my accountant of the Uniform Business Report , I was advised that an UBR form should have been sent to me before now. The fee would have been \$150.00 and not \$550.00 as you are currently billing me. I never received such a form before now. As my record reflect , all my forms were properly filled out and returned to the appropriate departments on time.

In light of this , I think it is only fair that the department accepts a check for \$150.00 which is what my actual fee would have been had I received the form before the May deadline.

With the fair minded and honourable people in your organisation, I do not think other wise than to believe that you will agree to my simple request.

Please inform me in writing of your decision at your earliest convenience. I will follow up this matter with a phone call to your office in a few days.

Thanks again in advance.

Sincerely,

  
Ian Wint