

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90150 032 ***150.00

DOCUMENT # *P 01000101393*

1. Entity Name

VISIONARY MORTGAGE FUNDING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4483-1 N. STATE RD 7

Suite, Apt. #, etc.

3. Mailing Address

4483-1 N. STATE RD 7

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LKS. FL

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

4. FEI Number

65-1158296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*PRESIDENT
ERROL GORDON
6800 NW 46 CT
LAUDER HILL FL 33319*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*VICE PRESIDENT
DAVE JOHN
570 SW 31 AVE
FT. LAUDERDALE, FL 33312*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ERROL GORDON, PRES.

Date

4/17/03

Daytime Phone #

954731 3315

CR2E034B (12/02)