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

FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90150 032 ***150.00

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1. Entity Name VISION ARY	MORTGAGE FUNDING	
V 1 0 7 0 10 7	i INC	TOO WE THE

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2. Principal P	lace of Business 3 -1 N. STA 1E R47	3. Mailing Address 4483-/ N.	STATE K	37			
Suité, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	GRDALE LAKES, A	City & State LANDER DALE	ELKS. FI	4.	FEI Number 65-1/583	96 Applied For Not Applica	
Zip ろろ	3319 BROWARD	^{Zip} 33319	BROWA	PD 5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
			Name	7. N	ame and Address of Current Registe	red Agent	\dashv
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)							
	IN THIS SPA	ACE					\neg
			City		F	Zip Code	
	named entity submits this statement for tions of registered agent.	he purpose of changing its re	egistered office or	registered as	gent, or both, in the State of Florida. I a	n familiar with, and accep	ot
SIGNATURE .	Signature, typed or printed name of registered agent and	i title if applicable. (NOTE F	Registered Agent signatu	re required when	reinstating) DAT	Ē	
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00			<u></u>	9. Election Campaign Financing	\$5.00 May Bo	 e
Make Check	Amended UBR is \$61.25 Payable to Florida Department of S	tate			Trust Fund Contribution.	☐ Added to Fees	
10.	· OFFICERS AND DI	RECTORS				In the second second	變
TITLE	PRESIDENT		TIFLE	4.0		A STATE OF THE STA	
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 12. I hereby of indicated 	ertify that the information supplied with the on this report or supplemental report is tr	is filing does not qualify for thus and accurate and that my	ne exemption state signature shall ha	ed in Section ive the same	119.07(3)(i), Florida Statutes. I further a legal effect as if made under oath: that	certify that the information 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR