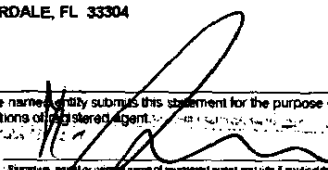
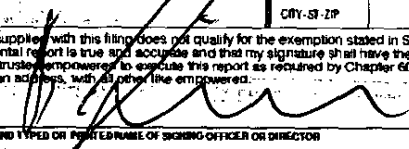


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002243			
1. Entity Name FIRST FLORIDA MORTGAGE CORPORATION			
Principal Place of Business 1109 NORTH FEDERAL HWY FT LAUDERDALE, FL 33304		Mailing Address 1109 NORTH FEDERAL HWY FT LAUDERDALE, FL 33304	
2. Principal Place of Business 241 Bombay Avenue Suite, Apt. #, etc.		3. Mailing Address 241 Bombay Avenue Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33308		Country US	
4. FEI Number 80 000 8445		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZIMMERMANN, MATTHIAS 1109 NORTH FEDERAL HWY FT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Matthias Zimmermann Street Address (P.O. Box Number is Not Acceptable) 241 Bombay Avenue City Ft. Lauderdale FL Zip Code 33308	
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, the registered agent.			
SIGNATURE 		DATE 4/30/03	
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 DP MALINENKO, ARNIE 1109 NORTH FEDERAL HWY FT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP ZIMMERMANN, MATTHIAS 1109 NORTH FEDERAL HWY FT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP Zimmermann, Matthias 241 Bombay Avenue Ft. Lauderdale, FL 33308 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: 		DATE 4/30/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-357 0331	

90131000



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)