**FILED** 

## **2003 FOR PROFIT CORPORATION**

## Apr 11, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000018958 DOCUMENT # 04-11-2003 90180 040 \*\*\*150.00 1. Entity Name FOREMOST FUNDING, INC. Principal Place of Business Mailing Address 100 SE 2ND ST 17TH FLOOR 100 SE 2ND ST 17TH FLOOR MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LICKSTEIN, FRED K Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND ST 17TH FLOOR MIAMI FL 33131 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Pres Vice Pres / Sec. /Tres TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME Ellen Osman in 3+ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP F1 33156 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITLE ے ہے۔ ہے۔ ہے Change ب Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 ascurate 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 receive for this see empowers 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 attachmen

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP