

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90914 001 ***300.00

DOCUMENT # P02000078549

1. Entity Name
GOLDEN KEY MORTGAGES & FUNDING, INC.



Principal Place of Business
6221 MARGATE BLVD
MARGATE FL 33063

Mailing Address
6221 MARGATE BLVD
MARGATE FL 33063



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

54-206-3665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DYER, RUDOLPH G
2916 NW 55 AVE
2C
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 VP ☐ Delete
NAME BEAUCHAMP, WILNER
STREET ADDRESS 6221 MARGATE BLVD
CITY-ST-ZIP MARGATE FL 33063

TITLE S ☒ Delete
NAME MOWATT, SHERINE
STREET ADDRESS 6221 MARGATE BLVD
CITY-ST-ZIP MARGATE FL 33063

TITLE T ☒ Delete
NAME ROMEO, SAM
STREET ADDRESS 6221 MARGATE BLVD
CITY-ST-ZIP 6221 MARGATE BLVD FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition
NAME DYER, RUDOLPH
STREET ADDRESS 6221 MARGATE BLVD
CITY-ST-ZIP MARGATE, FLORIDA 33063

TITLE DIRECTOR ☐ Change ☒ Addition
NAME EVERETT, MARIA
STREET ADDRESS 6221 MARGATE BLVD
CITY-ST-ZIP MARGATE, FLORIDA 33063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-03

Date

954-582-0700

Daytime Phone #

CR2E034 (10/02)