

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90832 033 ***150.00

DOCUMENT # P02000097019

1. Entity Name
DISCOUNT MORTGAGE FINDERS, INC.



Principal Place of Business
410 NW 87TH LN #203
PLANTATION FL 33324

Mailing Address
410 NW 87TH LN #203
PLANTATION FL 33324



2. Principal Place of Business

3. Mailing Address

3601 W. COMMERCIAL BLVD 3601 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#32 #32

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33309

USA

33309

USA

4. FEI Number

04 3712194

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, VICTOR
410 NW 87TH LN #203
PLANTATION FL 33324

Name

HUNT, VICTOR

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

3601 W. COMMERCIAL BLVD #32

City

FT. LAUDERDALE

FL

Zip Code

33309

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

1/8/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HUNT, VICTOR
STREET ADDRESS 410 NW 87TH LN #203
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE D
NAME PINCHASSOW, MEYER
STREET ADDRESS 410 NW 87TH LN #203
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED

(Signature typed or printed name of signing officer or director)

1/8/03

Date

(954) 739-0080

Daytime Phone #

CR2E034 (10/02)