

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90375 042 ***150.00

117049 AV

DOCUMENT # P02000099409



1. Entity Name
FINANCE FIRST MORTGAGE, CORP.

Principal Place of Business
**5979 NW 151 ST STE 240
MIAMI LAKES FL 33014**

Mailing Address
**5979 NW 151 ST STE 240
MIAMI LAKES FL 33014**

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

APPLIED FOR

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

7. Name and Address of New Registered Agent

**PLANAS, CRISTINA
5979 NW 151 ST STE 240
MIAMI LAKES FL 33014**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PEREZ, NESTOR J		NAME:	
STREET ADDRESS: 5979 NW 151 ST STE 240		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI LAKES FL 33014		CITY-ST-ZIP:	
NAME: PEREZ, CARLOS E		NAME:	
STREET ADDRESS: 5979 NW 151 ST STE 240		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI LAKES FL 33014		CITY-ST-ZIP:	
NAME: WOODSIDE, HARRY		NAME:	
STREET ADDRESS: 5979 NW 151 ST STE 240		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI LAKES FL 33014		CITY-ST-ZIP:	
NAME: PLANAS, CRISTINA		NAME:	
STREET ADDRESS: 5979 NW 151 ST STE 240		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI LAKES FL 33014		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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

Signature of Nestor J. Perez, President

Date

4/25/03

Daytime Phone #

(305) 332-1123

CR2E034 (10/02)