FILED
Jun 13, 2003 8:00 am
Secretary of State
05-14-2003 90132 002 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55048067

DOCUMENT # P02000109578

1. Entity Name
PREFERRED MORTGAGE PROCESSORS, INC.

Principal Place of Business	Mailing Address
450 SW 88TH TERRACE PEMBROKE PINES, FL 33025	450 SW 88TH TERRACE PEMBROKE PINES, FL 33025

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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 57-1151340 — 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
SAMOLE, MYRON M 9700 SOUTH DIXIE HIGHWAY SUITE 1030 MIAMI, FL 33156	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 ____________________ DATE

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KRAMER, ROBERT B		NAME	
STREET ADDRESS	450 SW 88TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERGER, ARNOLD		NAME	
STREET ADDRESS	450 SW 88TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		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-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-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 — Date — Daytime Phone #

CR2E034 (10/02)