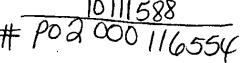
9/19/2003-90002-013-\$150.00;\$150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000116554 D3 OCT 10 AM 10:35 1. Entity Name GUARANTEED MORTGAGE LENDING CORP. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6400 N ANDREWS 6400 N ANDREWS 300 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business Mailing Address 5.400 n aporgus 400 N ANDREWS Sulte, Apt. #, etc. Suite, Apt. #, etc. City & State FORT LAND GLOBILG 04-3720022 forg landerbace Not Applicable Country \$8.75 Additional 33309 5. Certificate of Status Desired £Z. Fee Regulred 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOUGHTEN, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 4741 NW 6TH PL **COCONUT CREEK FL 3306** City Zip Code 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. And Man المتقر يسيم FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing September 10, 2003 Fee will be \$750.00 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. (4/03)TITLE . IME Change Addition Beron CHAZEN NAME . NAME 2666 TIGERTAIL AVE #112 STREET ADDRESS 1.6 Pu STREET ADDRESS CITY-ST-ZIP CITY-ST-218 COCONUT GROVE, TITLE ☐ Delete TITLE Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Addition Delete ☐ Change TITLE 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:

21/0/13

* Attachment # PO2





Guaranteed Mortgage Lending Corporation 6400 North Andrews Avenue, Suite 300 Fort Lauderdale, Florida 33309 Office: 866-274-GMLC or 954-491-8899

Fax: 954-491-8100

September 15, 2003

Florida Dept. of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Non-receipt of prior notice.

To Whom It May Concern:

This is to acknowledge that a previous Divisions of Corporations Uniform Business Report was not received prior to the completion of receiving this Divisions of Corporations Uniform Business Report.

As stated in your directions for completion of this form, without having received a prior Divisions of Corporations Uniform Business Report, the late fee should not be in effect. Enclosed please find the initial filing fee of \$150.00

Please contact me at this office if I may be of further assistance.

Thank you.

Sincerely,

Tim Houghten