

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90363 049 ***150.00

DOCUMENT # P02000125095

1. Entity Name
MARQUIS MORTGAGE FUNDING, INC.



Principal Place of Business
8800 PETERS ROAD SUITE A-200
PLANTATION FL 33324

Mailing Address
15701 WEST WATERSIDE CIRCLE SUITE 201
WESTON FL 33326



2. Principal Place of Business
8000 Peters Road
Suite, Apt. #, etc.
A-200

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Plantation FL

City & State

4. FEI Number
05-0545229

Applied For
Not Applicable

Zip
33324

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **Wendi Basil**
Street Address (P.O. Box Number is Not Acceptable) **8000 Peters Rd**
Suite A-200
City **Plantation** **FL** **Zip Code** **33324**

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

4-22-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BASIL, WENDI	
STREET ADDRESS	8800 PETERS ROAD SUITE A-200	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	8000	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3-20-03 **954-727-9100**

Date

Daytime Phone #

CR2E034 (10/02)