

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2003 8:00 am
Secretary of State

04-28-2003 91408 008 ***150.00

DOCUMENT # P02000131534

1. Entity Name

**INTERNATIONAL MORTGAGE FUNDING OF SOUTH FLORIDA
INC.**



Principal Place of Business
2020 NE 163 STREET
SUITE 300
NORTH MIAMI BEACH FL 33162
US

Mailing Address
2020 NE 163 STREET
SUITE 300
NORTH MIAMI BEACH FL 33162
US

55050497

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

E 51-0416076

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

LEVINE, RALPH
2020 NE 163 STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEVINE, RALPH	
STREET ADDRESS	2020 NE 163 STREET SUITE 300	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSAS, JUAN F	
STREET ADDRESS	2020 NE 163 STREET, SUITE 300	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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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 REQUIRED

4/25/03

Date

305-218-0778

Daytime Phone #

CR2E034 (10/02)