2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000074654** May 13, 2000 8:00 am Secretary of State ROYAL STAR MORTGAGE, INC. 05-13-2000 90048 045 ***150.00 Mailing Address Principal Place of Business 701 W. CYPRES CREEK RD 701 W. CYPRES CREEK RD STE 303 **STE 303** FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-2045 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0524501 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WURTENBERGER, KENNETH P Street Address (P.O. Box Number is Not Acceptable) 200 EAS LAS OLAS BLVD FT. LAUDERDALE FL 33301 Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable .9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change - Addition ☐ Delete TITLE TITLE VERNON, LEONARD NAME NAME -STREET ADDRESS 4110 N.W. 58TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** Change ☐ Addition TITLE ☐ Delete TITLE KODSI, ISAAC NAME NAME STREET ADDRESS 5098 EGRET POINT CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition ☐ Delete TITLE TITI F WURTENBERGER, KENNETH P NAME STREET ADDRESS STREET ADDRESS 881 S.W. 88TH TERR. CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33324 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR