2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000078235 DOCUMENT

1. Entity Name



FILED Apr 04, 2003 8:00 am \$ Secretary of State >

04-04-2003 90079 037 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	MIAMI MO	ORTGAGE FUNDING, INC.		•							
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Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Per Regulator Agent \$1. Name and Address of Current Registered Agent \$1. Name and Address of New Registered Agent \$1. Name and Addr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
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MUNACH, GLENN J 1497 Neyt. 7TH STREET MAMI FL 33125 City FL Zip Code PL Zip Code City FL Zip Code	Zip	Country	Zip		Country		5 . Cer	tificate of Status Desired	□ \$ 6	8.75 Add	fitional
MUNACH, GLENN J 1497 N.W., TH STREET MAMI FL 33125 City FL Zip Code 6. 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 Tell Now/III FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII NAME MAME			Registere	ed Agent			7, Nan	ne and Address of New Reg	istered Ag	ent	
Sircel Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	MUMACE	•			Nam	ne	- ,	•			*
MIAMI FL 33125 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent. SIGNATURE Signature, topic of printed name of inspired agent and take if signification. (NOTE: Prog damed Agent agraticon required when reinspiring) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		· · · · · · · · · · · · · · · · · · ·		Street Addres			(P.O. Box Number is Not Acceptable)				
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 TILE NOW!!! FEE IS \$150.00					<u> </u>						
8. The aboye named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature	MIAMI FL	33[23			<u> </u>						
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		certify that the information supplied with	n this filing	does not qualify for		stated in Sec	ction 119	.07(3)(i), Florida Statutes 1 fo	irther certify	that the in	formation

y signature shall have the same legal effect as if made under oath; that I am an officer or director s required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and accurate an of the corporation or the receiver or trustee empowered to execute this changed, or on an attachmer

SIGNATURE: