

2001 UNIFORM BUSINESS REPORT (UPR)

DOCUMENT # P95000003421

1. Entity Name
SUNPOINTE MORTGAGE CORP.Principal Place of Business
6918 STIRLING ROAD
HOLLYWOOD FL 33024Mailing Address
6918 STIRLING ROAD
HOLLYWOOD FL 330242. Principal Place of Business
3. Mailing AddressSuite, Apt. #, etc.
City & StateZip Country
City & State4. FEI Number
65-0544913
Applied For
Not Applicable5. 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

RACHMAN, DORON A
6918 STIRLING ROAD
HOLLYWOOD FL 33024

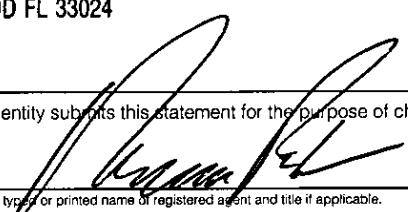
Name

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.

SIGNATURE 

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

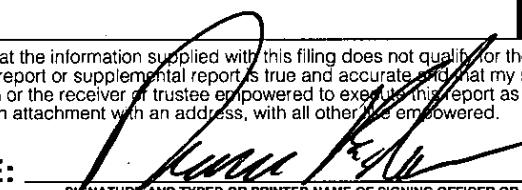
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE P Delete
NAME RACHMAN, DORON A
STREET ADDRESS 6918 STIRLING ROAD
CITY-ST-ZIP HOLLYWOOD FL 33024TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S Delete
NAME MARSHICK, LARRY
STREET ADDRESS 6918 STIRLING RD
CITY-ST-ZIP HOLLYWOOD FL 33024TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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CITY-ST-ZIPTITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other data embodied.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 859) 985-8581
Date Daytime Phone #