2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P95000014834** Apr 19, 2000 8:00 am Secretary of State GOLDSTAR MORTGAGE CORPORATION 04-19-2000 90016 041 ***150.00 Principal Place of Business Mailing Address 2101 CORPORATE BLVD NW 2101 CORPORATE BLVD NW SHITE 414 SUITE 414 **BOCA RATON FL 33431 BOCA RATON FL 33431-7343** 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0558497 ... Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWARTZ, HOWARD L 2101-CORPORATE BLVD NW-SUITE 204 BOCA RATON FL 33431 -ng its registered office or registered agent, or both, in the State of Florida 8. The above named entity submit SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Delete TITLE TITLE SCHWARTZ, HOWARD NAME NAME Highway 2101 GORPORATE BLVD NW SUITE 204 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ 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 Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CITY-ST-ZIP r visexemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my significant or the receiver or tripatee empowered to execute this report as rechanged, or on an attachment with

SIGNATURE:

YPED OR PRINTED NAME OF SIGNI

ER OR DIRECTOR