

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90133 031 \*\*\*158.75



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # P95000086769</b>	
<b>1. Entity Name</b> FIRST FAMILY MORTGAGE CORP.	
<b>Principal Place of Business</b> 5190 N.W. 167TH ST SUITE 110 HIALEAH FL 33014 US	
<b>Mailing Address</b> 5190 N.W. 167TH ST. SUITE 110 HIALEAH FL 33014 US	
<b>2. Principal Place of Business</b> 5190 N.W. 167th St.	
<b>3. Mailing Address</b> Suite, Apt. #, etc. Suite # 110	
<b>City &amp; State</b> Miami Lakes	
<b>Zip</b> 33014	
<b>Country</b> USA	
<b>4. FEI Number</b> 65-0618874	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LIMA, CELSO 16417 SAPHIRE DRIVE FT LAUDERDALE FL 33331	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>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.</b>	
<b>SIGNATURE:</b> <u>CELSO H. Lima</u> <b>01-10-03 (305) 624-0244</b> <b>PRESIDENT</b>	