

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90077 011 ***150.00

DOCUMENT # P96000019650

1. Entity Name
MORTGAGE FUNDING CONSULTANTS, INC.

Principal Place of Business 19777 E COUNTRY CLUB DRIVE UNIT 4-207 AVENTURA FL 33180	Mailing Address 19777 E COUNTRY CLUB DRIVE UNIT 4-308 AVENTURA FL 33180-2528
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0646044		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DIBENEDETTO, ANTHONY R 19777 E. COUNTRY CLUB DRIVE SUITE 4-107 AVENTURE FL 33180				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOULETAS, STEVEN E		NAME	CADDEN, JOHN B.			
STREET ADDRESS	505 N LAKE SHORE DRIVE		STREET ADDRESS	505 N.Lake Shore Drive			
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP	Chicago, IL 60611			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DIBENEDETTO, ANTHONY R		NAME				
STREET ADDRESS	505 N LAKE SHORE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHWARK, JAMES		NAME				
STREET ADDRESS	505 N LAKE SHORE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP				
TITLE	PB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOX, FLORA		NAME				
STREET ADDRESS	1000 PARKVIEW DR, #504		STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 like empowered.

SIGNATURE: *Anthony R. Dibenedetto* Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____