P96000080710

Amendment

FILED

03 OCT -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080710

1. Entity Name
MADISON MORTGAGE CORPORATION OF SOUTH FLORIDA

Principal Place of Business	Mailing Address
2500 NW 107 AVE STE 304 MIAMI, FL 33178 US	2500 NW 107 AVE STE 304 MIAMI, FL 33178 US

2. Principal Place of Business	3. Mailing Address
5430 W. 16 AVE	5430 W 16 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: Hialeah FL
Zip: 33012 Country: USA	Zip: 33012 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0699864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIMINO, JAMILET
2500 NW 107 AVE
STE 304
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name: Marlen Daniel
Street Address (P.O. Box Number is Not Acceptable): 5430 W 16 AVE
City: Hialeah FL Zip Code: 33012

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 _____ 5/21/03
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS TRIMINO, JAMILET 2500 NW 107 AVE, STE 304 MIAMI, FL 33172	☒ Delete	PS Marlen Daniel 5430 W. 16 AVE Hialeah, FL 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT GENTILE, MATTHEW R 2500 NW 107 AVE, STE 304 MIAMI, FL 33172	☒ Delete	VT Julio C. Daniel 5430 W. 16 AVE Hialeah, FL 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900023485319 10/01/03--01037--007 **122.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: _____ 5/21/03 305-4690650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marlen Daniel Date Daytime Phone #