

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084054

1. Entity Name
UNITED INVESTORS MORTGAGE CORP.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90021 015 ***150.00

Principal Place of Business 2501 E COMMERCIAL BLVD SUITE 203 FT LAUDERDALE FL 33308	Mailing Address 2501 E COMMERCIAL BLVD SUITE 203 FT LAUDERDALE FL 33308
--	--

2. Principal Place of Business 11926 NW 54 Place Suite, Apt. #, etc.	3. Mailing Address 11926 NW 54 Place Suite, Apt. #, etc.
--	--

City & State Coral Springs, FL	City & State Coral Springs FL
Zip 33076	Zip 33076
Country USA	Country USA

4. FEI Number 65-0708428	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHNUR, ARTHUR 2501 E COMMERCIAL BLVD SUITE 203 FT LAUDERDALE FL 33308	7. Name and Address of New Registered Agent Name Arthur Schnur Street Address (P.O. Box Number is Not Acceptable) 11926 NW 54 Place City Coral Springs FL Zip Code 33076
--	---

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 <i>Arthur Schnur</i> Arthur Schnur Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/6/01
--

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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 State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNUR, ARTHUR 2501 E COMMERCIAL BLVD, SUITE 203 FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Arthur Schnur</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/6/01 (954) 557-2077 Date Daytime Phone #

CR2E034 (10/00)