2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am Secretary of State DÖCUMENT # P97000040726 ACCLAIM MORTGAGE COMPANY INC. 05-11-2001 90454 007 ***150.00 Principal Place of Business Mailing Address 4182-N-STATE ROAD-7 4877 N.W. 67TH AVE. FT-LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-6751591 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7.-Name and Address of New Registered Agent Name THURSTON, KENNETH Street Address (P.O. Box Number is Not Acceptable) 4877 NW 67TH AVENUE LAUDERHILL FL 33319 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible ... FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME THURSTON, KENNETH STREET ADDRESS STREFT ADDRESS 4877 NW 67TH AVENUE CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 DVP ☐ Delete TITLE Change ■ Addition NAME RICKS, DARRYL A NAME STREET ADDRESS 1030 NW 207TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 DVP Change ☐ Addition TITLE ☐ Delete TITLE NAME THURSTON, MILETTE STREET ADDRESS 5021 NW NORTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Change ☐ Addition ☐ Delete TITLE NAME V NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

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☐ Change

☐ Addition