## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am & Secretary of State DOCUMENT # P97000040726 1. Entity Name 05-28-2002 91664 001 \*\*\*450 00 ACCLAIM MORTGAGE COMPANY INC. Principal Place of Business Mailing Address 4360 W OAKLAND PARK BLVD 4877 N.W. 67TH AVE. LAUDERDALE LAKES FL 33313 FT. LAUDERDALE FL 33319 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-6751591 Not Applicable Zip Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change CR2E034 (9/01) Addition A NAME THURSTON, KENNETH NAME STREET ADDRESS 4877 NW 67TH AVENUE STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TITLE TITLE ☐ Delete DVP ☐ Addition NAME NAME RICKS, DARRYL A STREET ADDRESS STREET ADDRESS 1030 NW 207TH STREET CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33169** TITLE\_ Delete TITLE ☐ Change ☐ Addition NAME THURSTON, MILETTE NAME STREET ADDRESS STREET ADDRESS **5021 NW NORTH STREET** CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 flystee 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:

**FILED**