

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2002

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91755 008 ***150.00

DOCUMENT # P97000049402
1. Entity Name Muneman Mortgage, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9900 W. Sample Road
Suite, Apt. #, etc.
403
City & State
Coral Springs, Fl.

3. Mailing Address
9900 W. Sample Road
Suite, Apt. #, etc.
403
City & State
Coral Springs, Fl.

DO NOT WRITE IN THIS SPACE

Zip
33065
Country
USA

Zip
33065
Country
USA

4. FEI Number
65-0759417
Applied For
☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Barry Kaufman
Street Address (P.O. Box Number is Not Acceptable)
9900 W. Sample Rd. Ste 403
City
Coral Springs, Fl. **FL** **Zip Code**
33065

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE DP NAME Ross G. Kaufman STREET ADDRESS 4337 Coral Springs Drive Apt 1-1 CITY-ST-ZIP Coral Springs, Fl 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ross G. Kaufman *Ross G. Kaufman* **5/1/02** **954-255-5105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)