

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90404 001 \*\*\*450.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000009911**

1. Entity Name  
**FORTUNE MORTGAGE FUNDING CORPORATION**



Principal Place of Business  
 5975 WEST SUNRISE BLVD  
 # 212  
 SUNRISE, FL 33313

Mailing Address  
 5975 WEST SUNRISE BLVD  
 # 212  
 SUNRISE, FL 33313

2. Principal Place of Business

3. Mailing Address

10301 NW 16<sup>TH</sup> STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **PLANTATION, FL**

Zip

Country

Zip

33322

Country

USA

4. FEI Number

65-0810402

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PRINCE, HORACE  
 10301 NW 16TH STREET  
 PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when necessary)

DATE

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	<input type="checkbox"/> Delete
P	PRINCE, HORACE	9914 NW 2ND. STREET	PLANTATION, FL 33324	<input type="checkbox"/>
VP	PRINCE, LAUREN	9914 NW 2ND STREET	PLANTATION, FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

*[Signature]* Horace Prince

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

954 583-5236

Cell

Daytime Phone #

CRZE034 (10/02)