2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

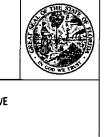
DOCUMENT #

P98000023330

1. Entity Name

SIGNATURE:

NEW GENESIS MORTGAGE & FINANCE GROUP, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90642 006 ***150.00

4300 NORTH I F 103 LAUDERHILL F US	ce of Business UNIVERSITY DRI FL 33351 Place of Busine	Mailing Address 4300 NORTH UNIVERSITY DRIVE F 103 LAUDERHILL FL 33351 US 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES -					
- City & Sta	te	City & State				F	4. F	-El Number 65-0821658			Applied For Not Applicabl		
Zip	Zip Country		Zip		Coun	Country		5. Certificate of Status Desired			\$8.75 Additional		
	6. Name a	nd Address of Current I	tegistered	d Agent				7. N	lame and Address of New R	egistered	Agent		
	ton, Ruby Nivesity Dr	,			Name Street Address (P.O. Box Number is Not Acceptable)								
SUITE F-10 LAUDERH	03 ILL FL 33351					City		FL Zip Code					
	e named entity s tions of register		the purpo	se of changing its re	egistere	ed office or	registered	age	ent, or both, in the State of Flo	rida. Fam	ı familiar wi	th, and accept	
SIGNATURE .	Signature, typed or	printed name of registered agent a	nd title if applic	cable. (NOTE: I	Registere	d Agent signatu	re required wi	hen reir	instating)	DATE			
After Make Check	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of							9. Election Campaign Fir Trust Fund Contribution	n.`	□ Add	.00 May Be ded to Fees	
10.	OFFICERS AND I				11.			ADD	DITIONS/CHANGES TO OFF	ICERS AN			;
NAME	RODNEY, SI	I UNIVERSITY DRIVE		☐ Delete							☐ Chang	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Washingto 4300-North Lauderhill	I UNIVERSITY DRIVE	. -	□ Delete			VP S	5 \ '	T \ D	5 <u>-</u>	☐ Chang	e X Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1						☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Chang	e 🔲 Additior	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Chang	e 🔲 Addition	<u>-</u>
TITLE Name Street address [†] City-St-Zip				☐ Delete							☐ Chang	e 🔲 Addition	_
indicated of the corp	on this report of poration or the	r supplemental report is t	rue and a vered to e:	ccurate and that my xecute this report as	signat requir	ure shall ha	ive the sar	me le	19.07(3)(i), Florida Statutes. I egal effect as if made under c la Statutes; and that my name	ath: that !	am an officin Block 10	er or director	_

TURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OPPORTS