ONO FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # P9800 00 32847						
1. Entity Name Best Home Loan, Inc.				W-GANGE-LEGANGE	02 JUN -7 AM 10: 19	
				7. 4. 1.	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE						
2. Principal Place of E 3280 Princ Suite, Apt. #. etc.		3. Mailing Address SZSO Princtly Suite. Apt. #, etc.	15g. end.		DO NOT WRITEIN THIS SPACE	
10		.City & State			04-1(-0 00 NOT WRITE IN THIS SPACE FEI Number	Applied For
City & State Jackson		Jacksonill	'- /	4.	59-3507889	Not Applicable
32256	Country USA	32256	Country USA	5.	Certificate of Status Desired \$8.75 Fee Requ	Additional uired
			Name 🖊	7. N	ame and Address of Current Registered Agent	
	AITE .	- Hz	<u> </u>	a Makranczy Box Number is Not Acceptable)		
	IN THIS SP		Sileet Addres	355 (P.O.	Box Number is Not Acceptable)	
			/53 (<u>She</u>	164,'S Cove coulet	
			CityPon	te 1	Vedra Beach FL 32	0 0 82
8. The above named	entity submits this statement for	the purpose of changing its r	egistered office or regis	istered a	gent, or both, in the State of Florida.	
SIGNATURE					6-5	02
Signature.	typed or printed name of rogistered agent an		Registered Agent signature requ		reinstating) DATE	
This corporation is Tax filing requirem (See criteria on ba	After May 1 Amended	ay 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 Ie to Department of \$.00 May Be ded to Fees	
11.	OFFICERS AND D	IRECTORS	The Sale of the Sa	P. Paral.		
NAME AH	'esiDent ila makrano	24	IIILE CANADA	(6) 5 7 7 8	.이 5차님님, [목 안 고리 년 경험 일반 [2] 학교 등 등 본 등 등 생각이 되었다.	2 31 1 2 2 1 1 2 2 1 1 1 2 2 2 2 2 2 2 2
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of the corporation of the receiver or trustee empowered to execute this report or Stated in Section 119,07(3)(i). Florida Statutes, Truther 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: 6-5-02 -904-419-6163