

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90453 004 ***150.00

DOCUMENT # P98000050242

1. Entity Name

ALLIANCE MORTGAGE FUNDING, INC.



Principal Place of Business

**2500 WILTON DR
WILTON MANORS FL 33305
US**

Mailing Address

**2500 WILTON DR
WILTON MANORS FL 33305
US**

2. Principal Place of Business

2700 NE 26th Street

3. Mailing Address

2700 NE 26th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

Wilton Manors, FL

Wilton Manors, FL

4. FEI Number **65-0840724**

Applied For
Not Applicable

33305 USA

33305 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CAVE, ANNETTE
2500 WILTON DR
WILTON MANORS FL 33305**

7. Name and Address of New Registered Agent

Name

2700 NE 26th Street

Wilton Manors

FL

33305

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 **ANNETTE CAVE**

(NOTE: Registered Agent signature required when reinstating)

X 2/27/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **CAVE, ANNETTE**
STREET ADDRESS **2500 WILTON DR**
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2700 NE 26th Street**
CITY-ST-ZIP **Wilton Manors FL 33305**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANNETTE CAVE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/27/03 X 954-568-0108
Date Daytime Phone #

CR2E034 (10/02)