2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # **P98000051495** STATE MORTGAGE FUNDING, INC. 04-20-2001 90009 050 ***150.00 Principal Place of Business Mailing Address 2295 NW CORPORATE BLVD., SUITE 245 2295 NW CORPORATE BLVD., SUITE 245 BOCA RATON FL 33431 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address <u>8887a</u> Calibre Calibre 22272 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. 2107 2107 City & State 4. FEI Number Applied For 65-0843824 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rotenberg ROTENBERG, JAY H Street Address (P.O. Box Number is Not Acceptable) 2295 NW CORPORATE BLVD., SUITE 245 **BOCA RATON FL 33431** 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 Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTSD CR2E034 (10/00) TITLE ☐ Delete TITLE γT≤Ĵ Change ☐ Addition ROTENBERG, JAY H NAME NAME Rotenberg, Jay H. 22272 Collibre Court, Scite 2107 STREET ADDRESS 2295 NW CORPORATE BLVD STE 245 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **BOCA RATON FL 33431** Rodon. TITLE. ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.