2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am
Secretary of State
05-16-2001 90377 009 ***150.00

DOCUMENT # P98000090190

1. Entity Name: LandMarc Mortgage Corp.

Principal Place of Business	Mailing Address
10 Fairway Dr # Deerfield Beach FL	8121 SW 4th Place N. Laud. FL 33068

A0068092

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10 Fairway Dr #	8121 SW 4 PL
Suite, Apt. #, etc.: Ste	Suite, Apt. #, etc.
City & State: DeerFieldBch FL	City & State: N. Lauderdale FL
Zip / Country: USA	Zip: 33068 / Country: USA

4. FEI Number: 65-0875215 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Marc Shavitz 8121 SW 4th PL N. Lauderdale FL 33068	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.

SIGNATURE: Marc Shavitz — 4-29-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Marc A. Shavitz 8121 SW 4 PL, N. Laud FL 33068	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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.

SIGNATURE: Marc Shavitz — 4-29-01 (954)425-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #