## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000001626

Entity Name: ANC MORTGAGE INC.

City-St-Zip:

MIAMI, FL 33142

FILED Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12350 SW 132 CT SUITE 101 MIAMI, FL 33183 **New Mailing Address: Current Mailing Address:** 12350 SW 132 CT SUITE 101 MIAMI, FL 33183 FEI Number: 65-0885439 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TORRES, ARMANDO O 7671 SW 133 AVE MIAMI, FL 33183 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition TORRES, ARMANDO O Name: Name: 7671 SW 133 AVE Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: VPT Title: () Delete () Change () Addition Name: CARRERA, NIVIA M Name: 13304 SW 73 TE Address: Address: MIAMI, FL 33183 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: **PRFS** () Change () Addition DOMINGUEZ, RENE Name: Name: 3614 MONSERRATE Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition TORRES, VALERIA S Name: Name: Address: 7671 SW 133 AVE Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: (X) Delete Title: () Change () Addition MEDINA, BARBARA MS. Name: Name: 2623 NW 24 ST #4 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: VALERIA S TORRES VP 04/29/2003