2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000060957** May 05, 2000 8:00 am Secretary of State 1. Entity Name SAVINGS OF AMERICA MORTGAGE CORP. 05-05-2000 90060 025 ***150.00 Mailing Address Principal Place of Business 6355 SWEET MAPLE LANE 6355 SWEET MAPLE LANE **BOCA RATON FL 33433** BOCA RATON FL 33427-3226 2. Principal Place of Business 3. Mailing Address 5032 N. LA SeDONA CIR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0933521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BERESH £. SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 purcess of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS PSTD PSTD Change ☐ Addition TITLE ☐ Delete TITLE BRENT E. BENESH BERESH, BRENT E NAME NAME LA SEDONA 6355 SWEET MAPLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F 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 is 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:

E AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENT E.

BERESH

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