2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am DOCUMENT # P9900070032 **Secretary of State** FIRSTFUND MORTGAGE CORPORATION 01-31-2001 90317 011 ***150.00 Principal Place of Business Mailing Address 4987 N. UNIVERSITY DR., STE. 27 4987 N. UNIVERSITY DR., STE, 27 LOS MADEROS PLAZA LOS MADEROS PLAZA LAUDERHILL FL 33351 LAUDERHILL FL 33351 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0938844 Not Applicable BROWART \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent STRACHER, LES ESQ. 6363 N.W. 6TH WAY, STE, 420 FT. LAUDERDALE FL 33309 mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named a 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete ERGUSON LLOYD 11810 HIGHLAND PLACE CORAL SPAINGS, FL 330 NAME FERGUSON, LLOYD NAME STREET ADDRESS STREET ADDRESS 3598 CORAL SPRINGS DR. CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** DEZELL-FERGUSON ENDGEN 11810 HIGHLAND PLACE TITLE ☐ Delete TITLE EZELL-FERGUSON, EMOGENE NAME NAME STREET ADDRESS STREET ADDRESS 3598 CORAL SPRINGS DR. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete TITLE TITLE ENGLISH, RUPERT S NAME NAME STREET ADDRESS STREET ADDRESS 1380 NW 43 TERRACE #281 CITY-ST-ZIP CITY-ST-ZIP FT: LAUDERDALE FL 33313 Delete TITLE TITLE NAME FERGUSON, LLOYD G NAME 3598 CORAL SPRINGS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** TITLE ☐ Delete TITLE NAME NAME

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 cath; that I am an officer or director of the corporation or the receiver or vustee 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 attendment with all address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ENAL TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

VALCIOR OIPGOI

754 572-0103

Addition

Change