

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State
 02-19-2000 90026 006 ***150.00


DOCUMENT # P99000105834

1. Entity Name
FSCF MORTGAGE, INC.

Principal Place of Business 201 SOUTH BISCAYNE BLVD. 34TH FLOOR FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD. 34TH FLOOR MIAMI FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

714095



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FERRELL SCHULTZ CARTER & FERTEL, P.A.
201 SOUTH BISCAYNE BOULEVARD
34TH FLOOR
MIAMI FL 33131

4. FEI Number 65-0967288	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, MILTON M JR.		NAME		
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 34TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, THOMAS G		NAME		
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 34TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, FRANCIS L		NAME		
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 34TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ILEANA E		NAME		
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 34TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACASTIGLIONE, MAYRA C		NAME	DACASTIGLIONE, MAYRA C.	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 34TH FLOOR		STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 34TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Ileana E Garcia* **2/11/2000** **305 311-8585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)