

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90218 026 ***150.00

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DOCUMENT # S42903

1. Entity Name
JEFFERSON FINANCIAL MORTGAGE CORP.



Principal Place of Business
1820 NE 163RD STREET
203
N MIAMI BEACH FL 33162
US

Mailing Address
1820 NE 163RD STREET
203
N MIAMI BEACH FL 33162
US

11010074



2. Principal Place of Business
16455 NE 6th AVE
Suite, Apt. #, etc.

3. Mailing Address
16455 NE 6th AVE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
N. MIAMI BEACH, FL

City & State
N. MIAMI BEACH, FL

4. FEI Number **65-0250867**

Applied For
 Not Applicable

Zip **33162** Country **USA**

Zip **33162** Country **USA**

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

MILLER, JEFF
1820 NE 163RD STREET STE 203
N MIAMI BEACH FL 33162

Name **JEFF MILLER**
Street Address (P.O. Box Number is Not Acceptable) **16455 NE 6th AVE**
City **N. MIAMI BEACH** FL Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/21/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, JEFF	
STREET ADDRESS	1820 NE 163RD ST, STE 203	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVENS, DONNA	
STREET ADDRESS	1820 NE 163RD ST, STE 203	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF MILLER	
STREET ADDRESS	16455 NE 6th AVE	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA STEVENS	
STREET ADDRESS	16455 NE 6th AVE	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/21/03**

DAYTIME PHONE # **305-945-8070**

CR2E034 (10/02)