

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90019 014 ***158.75

DOCUMENT # S85199

1. Corporation Name

UNION FEDERAL MORTGAGE CORPORATION

Principal Place of Business

1140-B EAST HALLANDALE BEACH BLVD
HALLANDALE FL 33009
US

Mailing Address

1140-B EAST HALLADALE BEACH BLVD
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1991

4. FEI Number

65-0289030

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2500 EAST HALLANDALE BEACH

Suite, Apt. #, etc.

22 BLVD. Suite #510

City & State

23 HALLANDALE, FLORIDA

Zip

24 33009

Country

25 U.S.A.

2a. Mailing Address

26 2500 EAST HALLANDALE BEACH

Suite, Apt. #, etc.

27 BLVD, Suite 510

City & State

28 HALLANDALE, FLORIDA

Zip

29 33009

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A.
BISCAYNE CENTER SUITE 760
11900 BISCAYNE BLVD
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME YANOWITZ, SIDNEY B

STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD 510

CITY-ST-ZIP HALLANDALE FL

TITLE VD ☐ DELETE

NAME LIEF, JOHATHAN

STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD 510

CITY-ST-ZIP HALLANDALE FL

TITLE SD ☐ DELETE

NAME SUPRASKI, LOUIS A

STREET ADDRESS 11900 BISCAYNE BLVD., #760

CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME NIEFELD, SHERRI

STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD 510

CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LOUIS A. SUPRASKI President 4/15/99 (954) 456-7810

CR2E034 (1/98)