

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90030 021 ***158.75

DOCUMENT # S85199

1. Entity Name

UNION FEDERAL MORTGAGE CORPORATION



Principal Place of Business

2500 E. HALLANDALE BEACH BLVD
403
HALLADALE, FL 33009 US

Mailing Address

2500 E. HALLANDALE BEACH BLVD
403
HALLADALE, FL 33009 US

DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0289030

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YANOWITZ, SIDNEY B
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD 510
CITY-ST-ZIP	HALLANDALE, FL
TITLE	VD
NAME	NIEFELD, SHERRI
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD 510
CITY-ST-ZIP	HALLANDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Sidney B. Yanowitz **SIDNEY B. YANOWITZ** President 4/12/04 (954) 456-7810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #