2001 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2001 8:00 am Secretary of State DOCUMENT # V20408 1. Entity Name SAFEWAY MORTGAGE AND INVESTMENT CO. 02-16-2001 90009 037 ***150.00 Principal Place of Business Mailing Address 19662 HAMPTON OR 19662 HAMPTON DR **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0360554 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KATEB, HANNA Street Address (P.O. Box Number is Not Acceptable) 19662 HAMPTON DRIVE **BOCA RATON FL 33434** City Zip Code FL 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 DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delate TITLE ☐ Addition NAME KATEB, HANNA NAME STREET ADDRESS 19682 HAMPTON DRIVE STREET ADDRESS **CR2E034** CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIP. TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 fide 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 employeered 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 appears with all other light empowered. SIGNATURE:

FILED