	UNIFORM BUSI		RT (UB	*
1. Entity Nar				FILED May 05, 2000 8:00 am
Mor	tgage Bonk	ers Servi	ice Co	Secretary of State 05-05-2000 90111 023 ***158.75
•	ce of Business 1 West Sample M 1 Springs FL	Mailing Address 2d. 1018/We Coral S	. K.,	mple
1920 S Suite, Apt	Place of Business Highland Ave, #, etc. 2 105	3. Mailing Address 19205, Hig Suite, Apt. #, etc. 5 u / Te 10	Hand	Ave. DO NOT WRITE IN THIS SPACE
City & Star	te ,	City & State	1 Ti	4. FEI Number Applied For
Zip	bard 72	60148	Country USA	5. Certificate of Status Desired \$8.75 Additional
6014	6. Name and Address of Current F	<u> </u>	<u> </u>	7. Name and Address of New Registered Agent
0			Name	
	uoli III Esq.,		Street /	Address (P.O. Box Number is Not Acceptable)
500	East Broward	& BIVE.	-	
	C 1460	1	.,	
Fort	Lauderdale,	, FL, 3339;	4 City	FL Zip Code
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office of	or registered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: I	Registered Agent signa	sture required when reinstating) DATE
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOWIII After MAY 1, 200 Make Check Payable		550.00 Trust Fund Contribution.
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE		ector Delete	TITLE	Vice President/Treasurer Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	10181 West Sam	wards. PL.33065	NAME STREET ADDRESS CITY-ST-ZIP	1070 6 111 6/19 d Ave. Ste. 105
TITLE	Vice President/D	Prector Delete	TITLE	Vice President/Director Change Addition
NAME STREET ADDRESS	Genduso, Thom	NIE KOND	NAME STŘEET ADDRESS	1970 5 Highland Ave, Ste. 105
CITY-ST-ZIP TITLE	Coral Springs, F	= <u>∠ , 33 0 6S</u>	CITY-ST-ZIP	Lombard, IL, 60148 Dicetor Change RAddition
NAME		□ beloc	NAME	POTH! Kumail
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	19205! Highland Ave, Ste, 105
CITY-ST-ZIP		☐ Delete	TITLE	Director Change Addition
CITY-ST-ZIP				
TITLE NAME		_ 50.00	NAME	Razui, Michard Ave. Ste. 105
TITLE			NAME STREET ADDRESS CITY-ST-ZIP	1920 5, Highland Ave, 5te. 103
TITLE NAME STREET ADDRESS		□ Delete	STREET ADDRESS	1920 S. Hinghiland Ave., Ste. 105 Lombard, IL, 60148
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			STREET ADDRESS CITY-ST-ZIP TITLE NAME	1920 Si. Hijghiland Hve., Ste. 105 Lombard, IL, 60148
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1920 Si. Hijghiland Hve., Ste. 105 Lombard, IL, 60148
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			STREET ADDRESS CITY-ST-ZIP TITLE NAME	1920 Si. Hijghiland Hve., Ste. 105 Lombard, IL, 60148

13. Thereby 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 an other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

4-25-00 630-629-3622