

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90128 005 ***150.00

DOCUMENT # V52451



1. Entity Name
MIZRAHI FAMILY MORTGAGE CORPORATION

Principal Place of Business
**1005 9 ST
1ST FLOOR
MIAMI BEACH FL 33139**

Mailing Address
**1611 ELDONLAS COURT
STONE MOUNTAIN GA 30087**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0424092**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ZAMIR, ODED
1005 9 ST
1ST FLOOR
MIAMI BEACH FL 33139**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D	<input type="checkbox"/> Delete
NAME	ZAMIR, ODED (MIZRAHI)	
STREET ADDRESS	1611 ELDONLAS COURT	
CITY-ST-ZIP	STONE MOUNTAIN GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADIVHAGIT (MIZRAHI)	
STREET ADDRESS	KIRIAT SHMUEL	
CITY-ST-ZIP	ISRAEL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHABAT, RIVKA (MIZRAHI)	
STREET ADDRESS	MEM GIMAC	
CITY-ST-ZIP	JERUSALEM	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZRAHI, RACHEL	
STREET ADDRESS	SHOSHANA 7	
CITY-ST-ZIP	JERUSALEM	
TITLE		<input type="checkbox"/> Delete
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
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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]* **NOTARIZED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Jan 6 2003** Time **7:00 498 2114**
Daytime Phone #

CR2E034 (10/02)