

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016553

1. Entity Name

R & S MORTGAGE CORP.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90037 042 \*\*\*150.00

Principal Place of Business

Mailing Address

8005 SOUTHWEST 185TH TERRACE  
MIAMI FL 33157

8005 SOUTHWEST 185TH TERRACE  
MIAMI FL 33157-7423

2. Principal Place of Business

9507 SW 160 ST.

3. Mailing Address

9507 SW 160 ST.

Suite, Apt. #, etc.

#245

Suite, Apt. #, etc.

#245

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33157

Country

USA

Zip

33157

Country

USA

4. FEI Number

65-0815225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Rhode ENRIQUEZ

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

8005 SW 185 TERR

City

Miami

FL

Zip Code

33157

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME PSD  
STREET ADDRESS PRATA, ZORAIDA S  
CITY-ST-ZIP 18040 SW 87 CT  
MIAMI FL 33157

TITLE ☐ Delete  
NAME VTD  
STREET ADDRESS ENRIQUEZ, RHODE  
CITY-ST-ZIP 8005 SOUTHWEST 185TH TERRACE  
MIAMI FL 33157

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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 all other like empowered.

SIGNATURE:

*Zoraida S. Prata*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

305-259-6962

Daytime Phone #

CR2E034 (9/99)