2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

DOCUMENT#

P02000097824

1. Entity Name

DAVOS MORTGAGE BANKERS, INC.



FILED Aug 25, 2003 8:00 am Secretary of State 08-25-2003 90102 048 ***158.75

Principal Place of Business 1001 BRICKELL BAY DR. STE #2104 MIAMI FL 33131			1001	Mailing Address 1001 BRICKELL BAY DR. STE #2104 MIAMI FL 33131			- 				
2. Principal P	lace of Busin	ness	3. Mail	3. Mailing Address				! 10011011 !! 14110 <u>;</u> !!!! !! !!! 01			
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING	CHANGES	
City & State	e		City	City & State				FEI Number 3-0481210		<u> </u>	oplied For
Zip		Country	Zip		Coun	try		Certificate of Status Desired		88.75 Add	ditional
	6. Name	and Address of Curre	nt Registere	d Agent			7.	Name and Address of New Re	gistered A	gent	
						Name					
FINANCIA	L FOUNDA	TIONS, INC.									
3150 SA	NDY RIDGE	DR		•		Street Address (P.O. Box Number is Not Acceptable)					
CLEARW	ATER FL 33	3761				ļ					
						City			FL	Zip Cod	
	named entity ions of regist		for the purpo	ose of changing its	register	ed office or register	ed ag	ent, or both, in the State of Flori	ida. I am fa	ımiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered age	int and title if appl	licable. (NOTE	: Registere	d Agent signature required	when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						-	Election Campaign Fina Trust Fund Contribution.		\$5.0 Added	0 May Be d to Fees	
10.		OFFICERS AN	D DIRECTOR	RS	11.		AD	L DITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	S IN 11
TITLE	P			☐ Delete	TITLE	:				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MARTIN,	RAFAEL A CKELL BAY DR, STE	#2104	C Decete	NAM STRE	I			•	C. J. Griding	
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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:

DAVOS N	MORTGAGE BANKERS, INC.				8014010	0/	'
•	e of Business 31. BAY DR. STE #2104 1131	Mailing Address 1001 BRICKELL BAY DR. MIAMI FL 33131	STE #2104	· · · · · ·			
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF M	MAKING CHANGES	;
City & State	e	City & State		`	4. FEI Number		
Zip	Country	Zip	Country			\$8.75 Ad Fee Require	ditional ad
	6. Name and Address of Current Re	egistered Agent			7. Name and Address of New Regis	stered Agent	
			Name				
	al foundations, inc. NDY RIDGE DR		Street	Address (I	P.O. Box Number is Not Acceptable)		
CLEARWA	ATER FL 33761		į		4		
•	wg		City			FL Zip Coo	le .
	named entity submits this statement for t tions of registered agent.	he purpose of changing its	registered office	or register	red agent, or both, in the State of Florida	. I am tamillar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent and	I title if applicable (INOTE	: Registered Agent sign	sture required	when reinstaling)	DATE	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Attachment

86140101 \$10200097824

This was mailed by mistake without the check on 08/20.
Our ph.(305)3716887 7470.