

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**  
 02-17-2002 90053 029 \*\*\*150.00

0632715 SP

**DOCUMENT # F99000000116**  
 1. Entity Name  
**FIRST RESIDENTIAL MORTGAGE SERVICES CORPORATION**

Principal Place of Business Mailing Address  
**7500 BERGELINE VE 7500 BERGELINE VE**  
**NORTH BERGEN NJ 07047 NORTH BERGEN NJ 07047**



2. Principal Place of Business 3. Mailing Address  
**7500 BERGELINE AVE 7500 BERGELINE AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **22-3026348** 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  
**CHAUX, CARLOS** Name  
**1624 VICTORIA POINTE CR** Street Address (P.O. Box Number is Not Acceptable)  
**WESTON FL 33327** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CP</b> <b>TORRES, JOSEPH</b> <b>23 HOWE AVE</b> <b>PASSAIC NJ 07055</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CHAUX, MARLIO</b> <b>7500 BERGELINE AVE</b> <b>NORTH BERGEN NJ 07047</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_ **1/30/02 201-758-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)