

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90120 019 \*\*\*\*50.00

**DOCUMENT # L01000016295**

1. Entity Name

**ACCURATE MORTGAGE SERVICES LLC**

Principal Place of Business

Mailing Address

**14394 VIA ROYAL #4  
 DELRAY BEACH FL 33446**

**14394 VIA ROYAL #4  
 DELRAY BEACH FL 33446**

2. Principal Place of Business

**14394 Via Royale**

3. Mailing Address

**14394 Via Royale**

Suite, Apt. #, etc.

**#4**

Suite, Apt. #, etc.

**#4**

City & State

City & State

Zip

Country

**Palm Beach**

Zip

Country

**Palm Beach**

4. FEI Number

**65-1141716**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIPNIS, MILTON  
 14394 VIA ROYALE #4  
 DELRAY BEACH FL 33446**

Name

**MIP**

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

**14394 Via Royale**

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

**Milton Kipnis, mgr.**

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

(NOTE: Registered Agent signature required when reinstating)

**7/15/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGRM  
 KIPNIS, MILTON  
 14394 VIA ROYALE #4  
 DELRAY BEACH FL 33446**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**WITNESS REQUIRED**

**Milton Kipnis 7/15/02**

**761-425-4767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)