

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L47514**

1. Entity Name

**ROYAL MORTGAGE SERVICES, INC.**

FILED

00 MAR 28 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2701 LE JEUNE RD.  
#401  
CORAL GABLES FL 33134  
US

P.O. BOX 160785  
MIAMI FL 33116-0785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0173518**

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

**OTERO, JORGE A**  
**2701 LE JEUNE RD.**  
**#401**  
**CORAL GABLES FL 33134**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

March 24, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVS** ☒ Delete  
NAME **OTERO, JORGE A**  
STREET ADDRESS **2701 LE JEUNE RD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D.P.V.S.T.** ☒ Change ☐ Addition  
NAME **Jorge A. Otero**  
STREET ADDRESS **2701 Le June Rd**  
CITY-ST-ZIP **Coral Gables, FL. 33134**

TITLE **D** ☒ Delete  
NAME **LOPEZ CARLOS**  
STREET ADDRESS **4770 BISCAYNE BLVD., STE. 830**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **300003196933--7** ☐ Change ☐ Addition  
NAME **-04/05/00--01070--018**  
STREET ADDRESS **\*\*\*\*150.00** ☐ Change ☐ Addition  
CITY-ST-ZIP **\*\*\*\*150.00**

TITLE **D** ☒ Delete  
NAME **AGUAYO PABLO**  
STREET ADDRESS **4770 BISCAYNE BLVD., STE. 830**  
CITY-ST-ZIP **MIAMI FL 33137**

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

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

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

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 or other like empowered.

SIGNATURE:

*Jorge A. Otero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 2000

(305) 386-8113

Date

Daytime Phone #

**KE**

CR2E034 (9/99)