

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85381

1. Entity Name

INSTITUTIONAL FORECLOSURE SERVICES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90140 010 ***158.75

Principal Place of Business

Mailing Address

15317 W LOCH ISLE DR
MIAMI LAKES FL 33014
US

15317 W LOCH ISLE DR
MIAMI LAKES FL 33014-2023
US

2. Principal Place of Business

3. Mailing Address

15476 N.W. 77 CT.

15476 N.W. 77 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

502

502

City & State

City & State

MIAMI LAKES FL

MIAMI LAKES FL

Zip

Country

Zip

Country

33016

U.S.A.

33016

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDIOLA, ALEJANDRO
15317 WEST LOCH ISLE DR.
MIAMI LAKES FL 33014

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)

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	D	<input type="checkbox"/> Delete
NAME	MENDIOLA, ALEJANDRO	
STREET ADDRESS	15317 W. LOCH ISLE DR.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 (305) 773-9356

CR2E034 (9/99)