

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L85381**

1. Entity Name

**INSTITUTIONAL FORECLOSURE SERVICES, INC.**

Principal Place of Business

15476 NW 77 CT  
#502  
MIAMI LAKES FL 33016  
US

Mailing Address

15476 NW 77 CT  
#502  
MIAMI LAKES FL 33016  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0234297

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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, 2001 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

D ☐ Delete  
TITLE  
NAME MENDIOLA, ALEJANDRO  
STREET ADDRESS 15317 W. LOCH ISLE DR.  
CITY-ST-ZIP MIAMI LAKES FL 33014☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete  
TITLE  
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CITY-ST-ZIP☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
TITLE  
NAME MENDIOLA, ALEJANDRO  
STREET ADDRESS 7799 N.W. 166 TERR.  
CITY-ST-ZIP MIAMI LAKES, FL 33016☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition  
TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition  
TITLE  
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:

Alejandro J. Mendiola  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-11-01 (305) 773-9356  
Date Daytime Phone #**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90141 003 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)