9/30/2002-90173-029-$55.00-$55.00

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02 OCT 28 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

981222

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002380

1. Entity Name

MORTGAGE SYSTEMS INTERNATIONAL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1643 N. HARRISON PARKWAY	SAME
Suite, Apt. #, etc.: BLDG H, SUITE 200	Suite, Apt. #, etc.: SAME
City & State: SUNRISE, FL	City & State: SAME
Zip: 33323 Country: US	Zip: SAME Country: SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1053995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION FL Zip Code: 33324

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman, Harold Freiman 1643 N. Harrison Parkway, Bldg H, Ste 200 Sunrise, FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer, Miguel Kiguel Reconquista 151, 5 Piso Buenos Aires, Argentina 1003
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, Ernesto Viñes Reconquista 151, 5 Piso Buenos Aires, Argentina 1003
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member, Ricardo Gomez Reconquista 151, 5 Piso Buenos Aires, Argentina 1003
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member, Lewis B. Freeman 2601 South Bayshore Drive # 19 Coconut Grove, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E083B (12/01)

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: _____ Harold Freiman, Chairman 09/24/02 (954) 838-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #