

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M34928

1. Entity Name

FORECLOSURE INFORMATION SYSTEMS, INC.

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90107 008 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 650490  
MIAMI FL 33265-0490  
US

P.O. BOX 650490  
MIAMI FL 33265-0490  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0266477

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

DOMINGUEZ, JULIAN A. JR

~~7905 NW 21 ST~~

MIAMI FL ~~33122 1616~~

2405 SW 131 CT  
MIAMI FL 33175

Name

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

2405 SW 131 CT

City

MIAMI

FL

Zip Code

33175

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 ☐ Delete

NAME DOMINGUEZ, JULIAN A. JR

STREET ADDRESS P.O. BOX 650490, NA

CITY-ST-ZIP MIAMI FL 33265-0490

TITLE ☐ Delete

NAME DOMINGUEZ, ANA M.

STREET ADDRESS P.O. BOX 650490, NA

CITY-ST-ZIP MIAMI FL 33265-0490

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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:

JULIAN A. DOMINGUEZ JR

4-16-00

Date

305-716-8773

Daytime Phone #

CR2E034 (9/99)