**FILED** 

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2003 8:00 am Secretary of State DOCUMENT # M34928 04-21-2003 91042 021 \*\*\*150.00 1. Entity Name FORECLOSURE INFORMATION SYSTEMS, INC. Principal Place of Business Mailing Address **777777777** P.O. BOX 650490 P.O. BOX 650490 MIAMI FL 33265-0490 MIAMI FL 33265-0490 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0266477 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent and the warmen is DOMINGUEZ, JULIAN A. JR Street Address (P.O. Box Number is Not Acceptable) 2405 SW 131 CT **MIAMI FL 33175** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE gnature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME Dominguez, Julian A. Jr NAME STREET ADDRESS STREET ADDRESS P O BOX 650490 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33265-0490 TITLE VSD ☐ Delete TITLE ☐ Change Addition NAME DOMINGUEZ, ANA M NAME STREET ADDRESS STREET ADDRESS P O BOX 650490 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33265-0490 TITLE Delete TITI F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addr

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SIGNATURE:

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