

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90111 014 \*\*\*150.00

**DOCUMENT # P01000000489**

**1. Entity Name**  
**DND MORTGAGE SERVICES, INC.**

**Principal Place of Business**

**7260 SW 54TH AVE**  
**MIAMI FL 33143**

**Mailing Address**

**7260 SW 54TH AVE**  
**MIAMI FL 33143**

**2. Principal Place of Business**

**9769 S. Dixie Hwy**  
 Suite, Apt. #, etc.  
**102**

**3. Mailing Address**

**9769 S. Dixie Hwy**  
 Suite, Apt. #, etc.  
**102**

**City & State**

**Miami FL**

**City & State**

**Miami FL**

**4. FEI Number**

**65-1070235**

**Applied For**

**Not Applicable**

**Zip**

**33156**

**Country**

**Dade**

**Zip**

**33156**

**Country**

**Dade**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**DONADO, JOSE LUIS**  
**7260 SW 54TH AVE**  
**MIAMI FL 33143**

**7. Name and Address of New Registered Agent**

**Name**

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

**9769 S. Dixie Hwy #102**

**City**

**Miami**

**FL**

**Zip Code**

**33156**

**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**

*Jose Luis Donado*

**4/30/02**

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, 2002 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**

<b>TITLE</b>	<b>DP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DONADO, JOSE LUIS</b>	
<b>STREET ADDRESS</b>	<b>7260 SW 54TH AVE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33143</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DONADO, JOSE LUIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>9769 S. Dixie Hwy #102</b>	
<b>STREET ADDRESS</b>	<b>MIAMI R. 33156</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>SUSAN REY (SUSAN REY)</b>	
<b>STREET ADDRESS</b>	<b>9769 S. Dixie Hwy #102</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI R. 33156</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Jose Luis Donado*

**4/30/02**

**3056653595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jose Luis Donado**

Date

Daytime Phone #

CP2E034 (9/01)