

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90183 044 ***150.00

DOCUMENT # P01000086696

1. Entity Name
PGA MORTGAGE SERVICES, INC.

Principal Place of Business
19390 COLLINS AVE. SUITE #621
SUNNY ISLES FL 33160

Mailing Address
19390 COLLINS AVE. SUITE #621
SUNNY ISLES FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19390 COLLINS AVE

3. Mailing Address
19390 COLLINS AVE

Suite, Apt. #, etc.
A 621

Suite, Apt. #, etc.
A 621

City & State
MIAMI, FL

City & State
MIAMI, FL 33160

Zip
FL

Zip
33160

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **MELVYN S. PERRY**

Street Address (P.O. Box Number is Not Acceptable)
19390 COLLINS AVE

APT-621

City **MIAMI**

FL

Zip **33160**

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]

3/24/02

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

TITLE
 NAME **PTD PERRY, MELVYN S** ☐ Delete
 STREET ADDRESS **19390 COLLINS AVE, SUITE #621**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE
 NAME **VSD PERRY, GALE B** ☐ Delete
 STREET ADDRESS **19390 COLLINS AVE, SUITE #621**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

[Signature] **MELVYN S. PERRY** **3/26/02** **305-466-444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)