

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90885 020 ***150.00

DOCUMENT # **7010000 91814**
1. Entity Name **COLLAZO & ASSOCIATES**
MORTGAGE SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **5121 SW 154 PLACE** 3. Mailing Address **5121 SW 154 PLACE**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI, FLORIDA** City & State **MIAMI, FLORIDA**
Zip **33185** Country **U.S.A.** Zip **33185** Country **U.S.A.**

4. FEI Number **65-1139160** Applied For ☐
Not Applicable ☒
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JORGE P. COLLAZO**
Street Address (P.O. Box Number is Not Acceptable)
5121 SW 154 PLACE
City **MIAMI** FL **33185**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$450.00
After May 1 Fee is \$550.00
Any City UBR is \$61.25
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 STREET ADDRESS CITY- ST- ZIP	JORGE P. COLLAZO 5121 SW 154 PLACE MIAMI, FLORIDA 33185
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)