

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90422 043 ***158.75

DOCUMENT # **PO 1000105985**

1. Entity Name

NATIONAL MORTGAGE SERVICE CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

409 W. HALLANDALE BCH BLVD.

3. Mailing Address

409 W. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

SUITE 206

Suite, Apt. #, etc.

SUITE 206

City & State

HALLANDALE, FL.

City & State

HALLANDALE, FL

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3605914

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EUGENE KLEIN

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

6039 COLLINS AVE. PH 26

City

MIAMI BEACH,

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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

Eugene Klein

EUGENE KLEIN

5-5-2002

Signature, type 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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended 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	P/D/S
NAME	JOSEPH KLEIN
STREET ADDRESS	6039 COLLINS AVE PH 26
CITY - ST - ZIP	MIAMI BEACH, FL. 33140
TITLE	EUGENE KLEIN V/D
NAME	EUGENE KLEIN
STREET ADDRESS	6039 COLLINS AVE PH 26
CITY - ST - ZIP	MIAMI BEACH, FL. 33140
TITLE	T/D
NAME	RONALD KLEIN
STREET ADDRESS	1980 S. OCEAN DR
CITY - ST - ZIP	HALLANDALE BCH. FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Joseph Klein **JOSEPH KLEIN**

Date

5-5-2002

Daytime Phone *

305 868-6900

954 457-5060