

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90161 008 ***150.00

DOCUMENT # P02000043878

1. Entity Name
MORTGAGE LOAN SOLUTIONS CORP.



Principal Place of Business
**3900 NW 79 AVENUE
SUITE 509
MIAMI FL 33166**

Mailing Address
**3900 NW 79 AVENUE
SUITE 509
MIAMI FL 33166**

60018443



2. Principal Place of Business
3900 NW 79 AVE

3. Mailing Address
3900 NW 79 AVE

Suite, Apt. #, etc.
509

Suite, Apt. #, etc.
509

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
02-0595470

Applied For
Not Applicable

Zip Country
33166 MIAMI-DADE

Zip Country
33166 MIAMI-DADE

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, CARLOS ALBERTO
3900 NW 79 AVE
SUITE 509
MIAMI, FL 33166**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 **Carlos Sanchez** DATE **04/10/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, CARLOS ALBERTO 3900 NW 79 AVENUE SUITE 509 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANCHEZ, JUAN CARLOS 3900 NW 79 AVENUE, SUITE 509 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Carlos Sanchez** DATE **04/10/03** 786-621-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)