

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P02000053360

1. Entity Name

Mortgage Investment Solutions, Inc



01-23-2003 90232 001 \*\*\*\*\*8.75

01-23-2003 90232 002 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

**55002308**

2. Principal Place of Business

3630 NW 85th Way

Suite, Apt. #, etc.

105

3. Mailing Address

3630 NW 85th Way

Suite, Apt. #, etc.

105

DO NOT WRITE IN THIS SPACE

City & State  
Sunrise, FL

City & State  
Sunrise, FL

4. FEI Number  
75-3059938

Applied For

Not Applicable

Zip  
33351

Country  
USA

Zip  
33351

Country  
USA

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  
Shekivah Almarales

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

3630 NW 85th Way #105

City  
Sunrise

FL

Zip Code  
33351

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P/C/T/D  
Shomari Scott  
3630 NW 85th Way #105, Sunrise, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S/D  
Shekivah Almarales  
3630 NW 85th Way #105, Sunrise, FL 33351

TITLE  
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shomari Scott

1-16-03

954-990-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)