

FILED
Sep 10, 2003 8:00 am
Secretary of State

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08-13-2003 90074 035 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000131273			
1. Entity Name MIAMI LOAN PROCESSING, INC.			
Principal Place of Business 16513 NW 89TH COURT MIAMI LAKES FL 33018		Mailing Address 16513 NW 89TH COURT MIAMI LAKES FL 33018	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Fee Number 42-11564712		4. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent SERBAN PETRESCU, DAN 16513 NW 89TH COURT MIAMI LAKES FL 33018			
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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	PTD SERBAN PETRESCU, DAN 16513 NW 89TH COURT MIAMI LAKES FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD CONCEPCION, MERCY 16513 NW 89TH COURT MIAMI LAKES FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>SIGNATURE OF SERBAN PETRESCU, DAN</u>		8/8/03 3059269052	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	

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☐ CHECK HERE IF MAKING CHANGES

DSP 42-1564712

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