

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90052 048 \*\*\*150.00

**DOCUMENT # P93000018172**



1. Entity Name  
**PROFESSIONAL MORTGAGE SERVICES OF MIAMI, INC.**

Principal Place of Business  
**9155 S DADELAND BLVD  
SUITE 1008  
MIAMI FL 33156  
US**

Mailing Address  
**9155 S DADELAND BLVD  
SUITE 1008  
MIAMI FL 33156  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0397517**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**LOBO, JOHN V  
8603 S DIXIE HIGHWAY SUITE 402  
STE 308  
MIAMI FL 33143**

Name: **LOBO, JOHN V**  
Street Address (P.O. Box Number is Not Acceptable):  
**9155 S. DADELAND BLVD.  
SUITE 1008**  
City: **MIAMI** FL Zip Code: **33156**

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 *John V. Lobo* **JOHN V. LOBO** 4/20/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**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 | <input type="checkbox"/> Delete |
|-------|--------------|---------------------------|-------------|---------------------------------|
| D     | LOBO, JOHN V | 8603 S DIXIE HIGHWAY #402 | MIAMI FL    | <input type="checkbox"/>        |
|       |              |                           |             | <input type="checkbox"/>        |
|       |              |                           |             | <input type="checkbox"/>        |
|       |              |                           |             | <input type="checkbox"/>        |
|       |              |                           |             | <input type="checkbox"/>        |
|       |              |                           |             | <input type="checkbox"/>        |

| TITLE | NAME         | STREET ADDRESS                  | CITY-ST-ZIP     | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|--------------|---------------------------------|-----------------|-------------------------------------|-----------------------------------|
| D     | LOBO, JOHN V | 9155 S. DADELAND BLVD, STE 1008 | MIAMI, FL 33156 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |              |                                 |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |              |                                 |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |              |                                 |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |              |                                 |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |

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: *John V. Lobo* **SIGNATURE REQUIRED** 4/20/03 305-670-9061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)