

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007109

1. Entity Name

MIAMI MORTGAGE SERVICE, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90268 027 \*\*\*150.00

Principal Place of Business

400 S.W. 107TH AVENUE  
SUITE 406  
MIAMI FL 33174

Mailing Address

400 S.W. 107TH AVENUE  
SUITE 406  
MIAMI FL 33174

2. Principal Place of Business

3806 SW 137 Ave  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FLA.

City & State

Miami FLA.

4. FEI Number 65-0475371

Applied For

Not Applicable

Zip

33175

Country

US

Zip

33175

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, REBECCA  
300 S.W. 107TH AVENUE  
#201  
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name ERNESTO Carrillo

Street Address (P.O. Box Number is Not Acceptable)  
3806 SW 137 Ave

City Miami FL.

FL

Zip Code 33175

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

Ernesto Carrillo

Signature, typed 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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, REBECCA	
STREET ADDRESS	300 S.W. 107TH #201	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNESTO Carrillo	
STREET ADDRESS	3806 SW 137 Ave	
CITY-ST-ZIP	Miami FL. 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ernesto Carrillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 216-6957

Date

Daytime Phone #

0218059

CR2E034 (10/00)