

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90054 049 \*\*\*150.00

DOCUMENT # P94000007109

1. Entity Name

MIAMI MORTGAGE SERVICE, INC.

Principal Place of Business

Mailing Address

3806 SW 137 Ave  
Miami 33175

Same.

2. Principal Place of Business

3806 SW 137 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla.

City & State

Zip

33175

Country

US

Zip

Country

4. FEI Number 65-0475371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, REBECCA

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

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 \$160.00  
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	NAME	GARCIA, REBECCA	<input type="checkbox"/> Delete
STREET ADDRESS			3806 SW 137 Ave	
CITY - ST - ZIP			Miami FL 33175	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)