


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91834 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007109 1. Entity Name MIAMI MORTGAGE SERVICE INC	
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DO NOT WRITE IN THIS SPACE

80113391

2. Principal Place of Business 9755 SW 56 ST Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI FL		City & State SAME	
Zip 33165	Country DADE	Zip SAME	Country SAME
4. FEI Number 65-0475371		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name REBECCA GARCIA	
Street Address (P.O. Box Number is Not Acceptable) 9755 SW 56 ST	
City MIAMI	FL Zip Code 33165

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
PRESIDENT REBECCA GARCIA 9755 SW 56 ST MIAMI FL 33165			

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03

Date

305-279-6969

Daytime Phone #

CR2E034B (12/02)