

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008436

1. Entity Name

NATIONS MORTGAGE SERVICES, CHARTERED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 1:51

Principal Place of Business

1607 NW 183 ST
MIAMI FL 33169
US

Mailing Address

1607 NW 183 ST
MIAMI FL 33169
US

2. Principal Place of Business

14411 Commerce Way #320
Suite, Apt. #, etc.
#320

3. Mailing Address

14411 Commerce Way #320
Suite, Apt. #, etc.
320

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0465365

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, LYNDIA V
1607 N.W. 183 STREET
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name Lynda V. HARRIS

Street Address (P.O. Box Number is Not Acceptable)

14411 Commerce Way #320

City Miami,

FL

Zip Code

33016

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

Lynda V. Harris

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

(NOTE: Registered Agent signature required when reinstating)

10-19-00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 PSD
NAME HARRIS, LYNDIA V
STREET ADDRESS 1607 NW 183 ST.
CITY-ST-ZIP MIAMI FL 33169

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 14411 Commerce Way #320
CITY-ST-ZIP Miami, FL 33016

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Lynda V. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00 (305) 825-1444

Date

Daytime Phone #

CR2E034 (500)