

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90119 003 ***150.00

DOCUMENT # P95000002224

1. Entity Name

SPECIALIZED MORTGAGE SERVICES INC.

Principal Place of Business

Mailing Address

17341 SW 18TH STREET
 MIRAMAR FL 33029

17341 SW 18TH STREET
 MIRAMAR FL 33029-5530



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

19000 SW 61st Manor
 Suite, Apt. #, etc.

P.O. Box 820673
 Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

South Florida, FL

Zip

Country

Zip

Country

33332

USA

33082

USA

4. FEI Number

65-0544852

Applied For

Not Applicable

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

BRACHO, SHERENE L
 17341 SW 18TH STREET
 MIRAMAR FL 33029

Name

Sherene L. Bracho

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

19000 SW 61st Manor

City

Fort Lauderdale

FL

Zip Code

33332

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]

SHERENE L. BRACHO, PRES

4/4/2000

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, 2000 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CHUNG, MAUREEN O	
STREET ADDRESS	17341 S.W. 18TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACHO, SHERENE L	
STREET ADDRESS	17341 S.W. 18TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19000 SW 61st Manor	
CITY-ST-ZIP	Fort Lauderdale, FL 33332	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19000 SW 61st Manor	
CITY-ST-ZIP	Fort Lauderdale, FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

[Signature]

SHERENE L. BRACHO

4/4/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)
 434-
 6124

CR2E034 (9/99)