

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0038094 AV

**DOCUMENT # P95000008843**

1. Entity Name  
**ALLSTATE MORTGAGE SERVICES INC.**

03-20-2002 90059 021 \*\*\*150.00

Principal Place of Business

Mailing Address

**13365 NW 8ST  
 MIAMI FL 33182  
 US**

**13365 NORTHWEST 8 STREET  
 MIAMI FL 33182**



2. Principal Place of Business

3. Mailing Address

**1605 Winterberry LN**

**1605 Winterberry LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Weston, Florida**

**Weston, Florida**

4. FEI Number

**65-0554403**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33327**

**Broward**

**33327**

**Broward**

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

**RUSSO, EDWARD  
 13365 NW 8 STREET  
 MIAMI FL 33182**

Name **Edward J. Russo**

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

**1605 Winterberry LN**

City **Weston**

**FL**

Zip Code **33327**

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 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, 2002 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **RUSSO, EDWARD J**  
 CITY-ST-ZIP **13365 NORTHWEST 8 STREET  
 MIAMI FL 33182**

TITLE ☒ Change ☐ Addition  
 NAME **1605 winterberry LN**  
 STREET ADDRESS **Weston, FL 33327**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-385-5417**

CR2E034 (9/01)