

Amended Report 8/1/2002

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 19, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # POS000013839  
1. Entity Name  
COLONIAL FIRST MORTGAGE SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

100007293421--8  
-08/22/02--01078--016  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
18651 S.W. 39th Court  
Suite, Apt. #, etc.

3. Mailing Address  
18651 S.W. 39th Court  
Suite, Apt. #, etc.

City & State  
Miramar, Florida

City & State  
Miramar, Florida

4. FEI Number  
65-0565711

Applied For  
Not Applicable

Zip  
33029

Country  
USA

Zip  
33029

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Saul B. Lipson

Street Address (P.O. Box Number is Not Acceptable)  
1515 University Drive Ste 222

City  
Coral Springs

FL

Zip Code  
33071

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 fee, if applicable.

(NOTE: Registered Agent signature required when re-appointing)

8/13/02  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Maria Castro  
18651 SW 39th Court  
Miramar, Florida 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/02  
Date

954-755-4405  
Daytime Phone #

CR2E034B (12/01)