

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90089 012 \*\*\*150.00

**DOCUMENT # P95000029483**

1. Entity Name  
**FIRST SERVICE MORTGAGE CORPORATION**

Principal Place of Business

**11255 S.W. 29TH STREET  
 MIAMI FL 33165**

Mailing Address

**11255 S.W. 29TH STREET  
 MIAMI FL 33165**



2. Principal Place of Business

**8990 NW 25 AVE**

Suite, Apt. #, etc.

3. Mailing Address

**8990 NW 25 ave**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FL.**

City & State

**MIAMI FL.**

4. FEI Number

**65-0578514**

Applied For

Not Applicable

Zip

**33147**

Country

**Dade**

Zip

**33147**

Country

**Dade**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FAMADA, LILIA  
 11255 S.W. 29TH STREET  
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **Silvio D. MORRAZ**  
 Street Address (P.O. Box Number is Not Acceptable) **8990 NW 25 ave**  
 City **MIAMI** FL Zip Code **33147**

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 re-registering)

DATE

**1-8-2002**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>FAMADA, LILIA</b>	<b>11255 S.W. 29TH STREET</b>	<b>MIAMI FL 33165</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>DIRECTOR</b>	<b>Silvio D. MORRAZ</b>	<b>8990 NW 25 ave</b>	<b>MIAMI FL 33147</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]*  
**1/14/2002**

CR2E034 (9/01)