

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

FILED

02 JUL 24 AM 10:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT #

P9500003 5355

1. Entity Name

RESULTS MORTGAGE CORP.

REINSTATEMENT 99-02

DO NOT WRITE IN THIS SPACE

600006653436--7

-07/25/02--01001--015

*****1243.75 ***1208.75**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

290 N.W. 183rd Street

Suite, Apt. #, etc.

3. Mailing Address

290 N.W. 183rd Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0578427

Applied For

Not Applicable

Zip

33169

Country

Dade

Zip

33169

Country

Dade

5. Certificate of Status Desired

☒ **Reinstatement**

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Patricia Dillard

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

290 N.W. 183rd Street

City

Miami

FL

Zip Code

33169

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)

06/21/02

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**

D

Patricia Dillard

290 N.W. 183rd Street

Miami, Florida 33169

**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)(f), 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

Patricia Dillard

06/21/02

(305) 770-1199

Date

Daytime Phone #

CR2E034B (12/01)