

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 96000019549**

1. Entity Name

MBA Mortgage Services, Inc.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90033 040 ***150.00

658461

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1017 SW 67 AVE
MIAMI FL 33144

Mailing Address
1017 SW 67 AVE
MIAMI FL 33144

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0646262

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

Hugo Oliva
1017 SW 67 AVE
MIAMI FL 33144

Name
Street Address (P.O. Box Number is Not Acceptable)
City, State, Zip Code
FL

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 registering)

DATE

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

FILE MONTHLY FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 President	☐ Delete	TITLE HUGO OLIVA	☐ Change ☐ Addition
NAME HUGO OLIVA		NAME HUGO OLIVA	
STREET ADDRESS 1017 SW 67 AVE		STREET ADDRESS 1017 SW 67 AVE	
CITY- ST- ZIP MIAMI FL 33144		CITY- ST- ZIP MIAMI FL 33144	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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 807, 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

9-27-01

305) 261-8882

CRZE034 (11/00)