

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91333 001 \*\*\*150.00

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

DOCUMENT # P960000 19549  
1. Entity Name

MBA MORTGAGE SERVICES, INC.

668550

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6488 SW 24 ST  
Suite, Apt. #, etc.

3. Mailing Address  
6488 SW 24 ST  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIA FL  
Zip  
33155 Country  
USA

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MIA FL  
Zip  
33155 Country  
USA

4. FEI Number  
65-0646262  
Applied For  
☐ Not Applicable

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  
HUGO OLIVA  
Street Address (Box Number is Not Acceptable)  
6488 SW 24 ST  
City  
MIA FL Zip Code  
33155

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) ☐

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  
HUGO OLIVA  
6488 SW 24 ST  
MIA FL 33155

TITLE  
NAME  
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CITY - ST - ZIP

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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

Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/01)