

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90138 036 ***150.00

DOCUMENT # P96000078223

1. Entity Name
 DIVERSIFIED MORTGAGE SPECIALISTS, CORP.

Principal Place of Business **Mailing Address**

15450 New Barn Road 15450 New Barn Road
 #308 #308
 Miami, Lakes, FL 33014 Miami Lakes, FL 33014

2. Principal Place of Business **3. Mailing Address**

15450 New Barn Road SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Miami Lakes, FL City & State
 Zip Zip
 33014 Country

4. FEI Number **Applied For**

65-0701855 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**

Manuela J. Gomez Name
 15450 New Barn Road #308 Street Address (R.O. Box Number is Not Acceptable)
 Miami Lakes, FL 33014 City FL Zip Code

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: *Manuela J. Gomez* *4/13/2000*
 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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**

(See criteria on back) ☐ After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. ☐ Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Manuela J. Gomez	9120 Taft Street	Pembroke Pines, FL 33172				
	Emelina Perez-Abreu	820 Obispo Ave	Coral Gables, FL 33134				

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: *Manuela J. Gomez* *4/13/2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)