

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91403 034 \*\*\*150.00

0262938  
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**DOCUMENT # P96000078223**

1. Entity Name  
**DIVERSIFIED MORTGAGE SPECIALISTS, CORP.**

Principal Place of Business <b>6405 NW 36TH STREET                  #202                  VIRGINIA GARDENS FL 33166                  US</b>	Mailing Address <b>6405 NW 36TH STREET                  #202                  VIRGINIA GARDENS FL 33166                  US</b>
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2. Principal Place of Business <b>9139 Taft Street</b>	3. Mailing Address <b>9139 Taft Street</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Pembroke Pines, Fl</b>	City & State <b>Pembroke Pines, Fl</b>	4. FEI Number <b>65-0701855</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33024</b>	Country <b>USA</b>	Zip <b>33024</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**GOMEZ, MANUELA J  
 15450 NEW BARN RD  
 STE 308  
 MIAMI LAKES FL 33014**

**7. Name and Address of New Registered Agent**

Name <b>Gomez, Manuela J</b>
Street Address (P.O. Box Number is Not Acceptable) <b>9139 Taft Street</b>
City <b>Pembroke Pines</b>
State <b>FL</b>
Zip Code <b>33024</b>

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, Pres.* DATE: 3/18/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

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

TITLE P	<input type="checkbox"/> Delete
NAME <b>GOMEZ, MANUELA J</b>	
STREET ADDRESS <b>9120 TAFT STREET</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33024</b>	
TITLE VP	<input type="checkbox"/> Delete
NAME <b>PEREZ-ABREU, EMELINA</b>	
STREET ADDRESS <b>820 OBISPO AVE</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Gomez, Manuela J</b>	
STREET ADDRESS <b>11920 Sheridan St</b>	
CITY-ST-ZIP <b>Pembroke Pines, Fl 33026</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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* DATE: 3/18/02 DAYTIME PHONE #: 786 265 5921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)