

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078223

1. Entity Name

DIVERSIFIED MORTGAGE SPECIALISTS, CORP.

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

03-29-2002 91403 034 ***150.00

02622383 AV

Principal Place of Business

6405 NW 36TH STREET
#202
VIRGINIA GARDENS FL 33166
US

Mailing Address

6405 NW 36TH STREET
#202
VIRGINIA GARDENS FL 33166
US

2. Principal Place of Business

9139 Taft Street

Suite, Apt. #, etc.

3. Mailing Address

9139 Taft Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0701855

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

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

Gomez, Manuela J

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

9139 Taft Street

City

Pembroke Pines

FL

Zip Code

33024

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/02

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME GOMEZ, MANUELA J
STREET ADDRESS 9120 TAFT STREET
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ DeleteTITLE VP
NAME PEREZ-ABREU, EMELINA
STREET ADDRESS 820 OBISPO AVE
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Gomez, Manuela J
STREET ADDRESS 11920 Sheridan St
CITY-ST-ZIP Pembroke Pines, FL 33026TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 786 265 5921

Date

Daytime Phone #

CR2E034 (9/01)