

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90105 012 \*\*\*150.00

**DOCUMENT #**

P97000045046

1. Entity Name

RESIDENTIAL LENDERS' SERVICES, INC.

Principal Place of Business

1450 MADRUGA AV  
 STE 206  
 CORAL GABLES, FL  
 33146

Mailing Address

1450 MADRUGA AV  
 STE 206  
 CORAL GABLES, FL  
 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-5796508

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RHESA MONTES  
 1450 MADRUGA AVE  
 STE 206 A  
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name: G. DENNIS ROSE  
 Street Address (P.O. Box Number is Not Acceptable):  
 1450 MADRUGA AV. STE 206  
 City: CORAL GABLES FL Zip Code: 33146

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

G. DENNIS ROSE

5.9.00

(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) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 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

TITLE: RHESA MONTES P.D. ☒ Delete  
 NAME: 1450 MADRUGA AV. STE 206 A  
 STREET ADDRESS: CORAL GABLES, FL 33146  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
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 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: G. DENNIS ROSE P.D. ☒ Change ☐ Addition  
 NAME: 1450 MADRUGA AV STE. 206  
 STREET ADDRESS: CORAL GABLES, FL 33146  
 CITY-ST-ZIP:

TITLE: MARIA VICTORIA DELACRUZ ☒ Change ☐ Addition  
 NAME: 1450 MADRUGA AV STE 206 S.D.  
 STREET ADDRESS: CORAL GABLES, FL 33146  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. DENNIS ROSE 5.9.00 305.740.2808

Date

Daytime Phone #

CR2E034 (9/99)