FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045046

1. Entity Name
RESIDential Lenders' Services, Inc.

FILED
02 JUN -5 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1450 MADruga Ave
Suite, Apt. #, etc
207
City & State
Coral Gables, Florida
Zip 33146 Country USA

3. Mailing Address
1450 MADrugA Ave
Suite, Apt. #, etc.
207
City & State
Coral Gables, Florida
Zip 33146 Country USA

04/27/01 90267 002 $158.75
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0796500 ☐ 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 G. Dennis Rose
Street Address (P.O. Box Number is Not Acceptable)
1450 madruga Ave Ste 207
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] 6.3.02
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	D
NAME	RhesA Montes
STREET ADDRESS	1450 MadrugA Ave Ste 207
CITY-ST-ZIP	Coral Gables Fl 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

UR2E034B (12/01)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 668-8300
Daytime Phone #