

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90328 018 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000051790

1. Entity Name  
**SOUTHERN MORTGAGE SERVICES, INC.**



Principal Place of Business  
9370 S.W. 75 STREET  
A-202  
MIAMI, FL 33173

Mailing Address  
9370 S.W. 72 STREET  
A-202  
MIAMI, FL 33173

11030333



2. Principal Place of Business

2000 PONCE DE LEON BLVD  
Suite, Apt. #, etc.  
6 FLOOR

3. Mailing Address

2000 PONCE DE LEON BLVD  
Suite, Apt. #, etc.  
6 FLOOR

☒ CHECK HERE IF MAKING CHANGES

City & State

COCA L GABLES, FL

City & State

COCA L GABLES, FL

4. FEI Number

65-0760267

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CUMMINS, JEFFREY DREW  
9665 NORTH KENDALL DRIVE  
SUITE 202  
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME PD  
STREET ADDRESS GUERRA, MARTIN  
CITY-ST-ZIP 9370 SUNSET DR SUITE A-202  
MIAMI, FL 33173 ☐ Delete

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
STREET ADDRESS GUERRA, MARTIN  
CITY-ST-ZIP 2000 PONCE DE LEON BLVD 6 FL  
COCA L GABLES, FL 33134 ☐ Change ☐ Addition

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Martin Guerra*  
President  
Signature, typed or printed name of signing officer or director

4/29/03 305-300-9056  
Date Daytime Phone #

CR2E034 (10/02)