

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027247

1. Entity Name

J.F.M. SERVICING CORP.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90145 028 ***150.00

Principal Place of Business

1065 NE 125 ST.
 N. MIAMI FL 33161

Mailing Address

1065 NE 125 ST.
 STE 102
 N. MIAMI FL 33161-5831

2. Principal Place of Business

1820 NE 163rd Street

Suite, Apt. #, etc.

203

City & State

N. Miami Beach

3. Mailing Address

1820 NE 163rd Street

Suite, Apt. #, etc.

203

City & State

N. Miami Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823084

Applied For

Not Applicable

Zip
 33162

Country
 USA

Zip
 33162

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, JEFF
 1065 NE 125 ST.
 N. MIAMI FL 33161

Name
 Jeff Miller

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

1820 NE 163rd Street, Suite 203

City
 N. Miami Beach

FL

Zip Code
 33162

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPS
 MILLER, JEFF
 1065 NE 125 ST.
 N. MIAMI FL 33161 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPS
 Jeff Miller
 1820 NE 163rd Street, Suite 203
 N. Miami Beach, FL 33162 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 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:

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

7/24/00
 Date

320-954-8070
 Daytime Phone #

CR2E034 (9/99)