

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104474

1. Entity Name

MORTGAGE UNLIMITED SERVICES, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90025 035 ***150.00

Principal Place of Business

Mailing Address

1225 SW 90 AVE
MIAMI FL 33174

1225 SW 90 AVE
MIAMI FL 33174

640216

2. Principal Place of Business

3. Mailing Address

6551 N.W. 74th Ave

6551 NW 74 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

FL

City & State

Miami FL

Zip

Country

Dade

Zip

Country

Dade

4. FEI Number 65-0881328

Applied For

Not Applicable

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

HERNANDEZ, NIRSA
1225 SW 90 AVE
MIAMI FL 33174

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.

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$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
PVST
HERNANDEZ, NIRSA
1225 SW 90 AVE
MIAMI FL 33174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6551 N.W. 74 Ave
Miami, FL 33166

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/01

(305) 802-3609

CR2E034 (10/00)