

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90051 047 \*\*\*150.00

**DOCUMENT #** - P99000017263  
**1. Entity Name**  
 Financial Services & Development, Inc. ✓

**Principal Place of Business**      **Mailing Address**  
 2608 North Ocean Blvd., Ste. 105  
 Pompano Beach, FL 33062

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**2. Principal Place of Business**      **3. Mailing Address**  
 18 North Riverside Dr.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**      **City & State**  
 Pompano Beach, FL  
 33062      **Country**      **Zip**      **Country**  
 USA

**4. FEI Number**      **Applied For**  
 65-0895702      ☐ **Not Applicable**

**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Spiegel & Utrera, P.A.  
 343 Almeria Ave.  
 Coral Gables, FL 33134

**7. Name and Address of New Registered Agent**  
 Name  
 Mojica, Luis  
 Street Address (P.O. Box Number is Not Acceptable)  
 18 North Riverside Drive  
 City      **FL**      **Zip Code**  
 Pompano Beach      33062

**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**      **Luis Mojica:** *Luis Mojica*  
 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		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	Mojica, Luis	
<b>CITY-ST-ZIP</b>	2608 North Ocean Blvd., Ste 105 Pompano Beach, FL 33062	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
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<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	Mojica, Luis	
<b>CITY-ST-ZIP</b>	18 North Riverside Drive Pompano Beach, FL 33062	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

CR2E034 (9/99)

**3. 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:**      **Luis Mojica**      *Luis Mojica*      4/26/00      954-788-9281