

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000033120**

1. Entity Name

AUTOMATIC MORTGAGE SERVICES, INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90083 016 ***150.00

Principal Place of Business

**9370 S.W. 72ND ST.
SUITE A-222
MIAMI FL 33173**

Mailing Address

**9370 S.W. 72ND ST.
SUITE A-222
MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0910127**

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****FARKAS, SHIRLEY
9380 S.W. 72ND ST.
SUITE B-235
MIAMI FL 33173**

Name

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

9370 SW 72ST A-222

City

Miami

FL

Zip Code

33173

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

04/20/019. 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. ☐**\$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	<input type="checkbox"/> Delete
	STD			
	FARKAS, SHIRLEY			
	9380 S.W. 72ND ST.			
	MIAMI FL 33173			

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		9370 SW 72ST A-222			
		Miami FL 33173			

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 #

04/20/01 (305) 412-8989

CR2E034 (10/00)