

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000040421

1. Entity Name

C & S MORTGAGE SERVICE, INC.

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90031 028 ***150.00
05-13-2000 90015 027 ***150.00

Principal Place of Business

Mailing Address

5770 NW 50TH DR.
CORAL SPRINGS FL 33067

5770 NW 50TH DR.
CORAL SPRINGS FL 33067-4009

2. Principal Place of Business

3. Mailing Address

4200 NW 16th St

4200 NW 16th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 610

Suite 610

City & State

City & State

Lauderhill, FL

Lauderhill, FL

Zip

Zip

33313

USA

33313

USA

4. FEI Number

65-0920251

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

Name

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

City

FL

Zip Code

- CESPEDES-BROWN, CECELIA
5770 NW 50TH DR.
CORAL SPRINGS FL 33067

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
D
CESPEDES-BROWN, CECELIA
5770 NW 50TH DR.
CORAL SPRINGS FL 33067 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BROWN, STEVEN
5770 NW 50TH DR.
CORAL SPRINGS FL 33067 ☐ Delete

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

TITLE
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☐ 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:

Cecelia Cespedes-Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.27.2000 954-486-7442

CR2E034 (9/99)