2000 UNIFORM BUSINESS REPORT (UBR)

## Aug 08, 2000 8:00 am Secretary of State DOCUMENT # **P99000044634** 1. Entity Name EQUITABLE MORTGAGE SERVICES, INC. 08-08-2000 90024 049 \*\*\*150.00 Principal Place of Business Mailing Address 14436 NW 83RD PLACE 14436 NW 83RD PLACE MIAMI LAKES FL 33016-5718 MIAMI LAKES FL 33016 Principal Place of Business Mailing Address rate, plate to au fi fi It !! !! !! 6175 N.W 153rd Street 6175 N.W 153rd Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite# 100 Suite# 100 4. FEI Number 65 - 0 Applied For City & State City & State Miami Lakes, FL Miami Lakes, Not Applicable Zip 33014 Country Country \$8.75 Additional 5. Certificate of Status Desired 33014 U.S.A U.S.A Fee Required 6. Name and Address of Current Registered Agent 78. Name and Address of New Registered Agent Mourra, James Georges MOURRA, JAMES GEORGES Street Address (P.O. Box Number is Not Acceptable) 6175 N.W 153rd Street 14436 NW 83BD PLACE MIAMILLAKES FL 33016 Suite# 100 Zip Code · 33014 Miami Lakes 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition PVST **Change** Delete TITLE **PVST** MOURRA, JAMES GEORGES NAME Mourra, James Georges STREET ADDRESS STREET ADDRESS 14436 NW <u>83RD PLACE</u> 6175 N.W 153rd Street Suite# 100 CITY-S1-ZIP CITY-S1-ZIF MIAMITLAKES FL 33016 Miami Lakes, FL 33014 ☐ Change ☐ Delete Addition TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIF Change Addition Delete TITLE TITLE DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-7P

13. Thereby certify that the information supplied with this filling 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 of the corporation or the receiver or trustee en changed, or on an attachment with an address

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





Lic. Correspondent Mortgage Lender

6175 NW 153rd Street, Suite 100 Miami Lakes, Florida 33014 Telephone 305.231.7524 Facsimile 305.231.7916



July 31st, 2000

Florida Department Of State Division Of Corporations

Ref: EQUITABLE Mortgage Services

Tot Whom It May Concern:

I have just received a 2<sup>nd</sup> Notice for the filing of the above referenced company. I had already completed this form and sent payment on April 5<sup>th</sup>, 2000 along with a check of \$150.00. I called you department today and found out that the checks were not cashed and you did not receive them.

I am enclosing a copy of the filing and a new check for the amount. Due to the circumstances, please waive any and all late fees.

Sincerely,

James Georges Mourra

President/CEO