

2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P99000057829

1. Entity Name
PINES MORTGAGE SERVICES, INC.

FILED

00 SEP 20 PM 2:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business *changed*
 151 SW 167 AVENUE
 PEMBROKE PINES FL 33027
10021 Pines Blvd Suite 212 Pembroke Pines FL 33024

Mailing Address
 151 SW 167 AVENUE
 PEMBROKE PINES FL 33027-1034
same



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10021 Pines Blvd
 Suite, Apt. #, etc.
RTE
 City & State
PEMBROKE PINES FL
 Zip
33024

3. Mailing Address
SAME
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

FEL Number
605-0929841
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BUSSETT, FRANCES ESQ
 16211 NW 18 AVENUE
 N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 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. ☐ **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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ADDRESS ST-ZIP	PTSD BROWNING, JOYCE 151 SW 167 AVENUE PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLIFTON BROWNING 151 SW 167 Avenue Pembroke Pines FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 and 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 amendment with an address with all other like empowered.

CLIFTON BROWNING 9-15-00 954-431-3722
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date List the Phone

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2002

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PEMBROKE PINES FL 33027

Mailing Address

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PEMBROKE PINES FL 33027-1034

AMENDED

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Suite 212
Pembroke Pines FL 33024

3. Mailing Address

SAME



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

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(See criteria on back)

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD BROWNING, JOYCE 151 SW 167 AVENUE PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT Joyce Browning 151 SW 167 Avenue Pembroke Pines FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOYCE BROWNING 9-15-00 954-431-2722