2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000078924

DOCUMENT #

MORTGAGE NETWORK SOLUTIONS, INC.



FILED Jan 23, 2003 8:00 am **Secretary of State**

01-23-2003 90133 033 ***150.00

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Principal Place of Business 3245 NE 184 ST 13107 AVENTURA FL 33160 2. Principal Place of Business				Mailing Address 3245 NE 184 ST 13107 AVENTURA FL 33160 3. Mailing Address													
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Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES								
City & State				City & S	State		4.			4. FEI Number 65-0945317						ed For pplicable	
Zip Country				Zip		ountry	5. Ce			Certificate of Status Desired					\$8.75 Additional Fee Required		
·-···	6. Name	and Address of C	Current Reg	gistered /	Agent				7. Na	me and	Address	of Ne	w Regi	stered A	gent		
<u> </u>							Name										
COMPLIAN 521 LAKE		JLTING CORP					Street A	ddress (P	O. Box	k Number	r is Not A	Accept	able)				- 1
4 ."																	
LAKE WOF	rth FL 334	60					City							FL	Zip C	ode	
	named entity ions of registe	submits this state ared agent.	ement for the	e purpose	e of changing	j its regis	stered office or		_		n, in the	State	f Florida	a.lami	amiliar w	ith, and	d accept
SIGNATURE _																	
SIGNATURE _	Signature, typed o	or printed name of registe	ered agent and t	title if applicat	ble. (I	NOTE: Regi	istered Agent signat	ure required v	wnen reins	stating)				DATE			
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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