

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 7995:5

1. Entity Name

FIRST TRUST Mortgage Services, Inc

Principal Place of Business

5463 North State Road 7
Tamarac, FL 33319-2954

Mailing Address

5463 North State Road 7
Tamarac, FL 33319-2954

2. Principal Place of Business

1515 University Drive #208B

Suite, Apt. #, etc.
Coral Springs

City & State
Florida

Zip
33071

Country
Broward

3. Mailing Address

1515 University Drive

Suite, Apt. #, etc.
208B

City & State
Coral Springs, FL

Zip
33071

Country
Broward

6. Name and Address of Current Registered Agent

GOLDSTEIN, JANICE
5463 NO STATE ROAD 7
TAMARAC, FL 33319-2954

7. Name and Address of New Registered Agent

Name: GOLDSTEIN, JANICE
Street Address (P.O. Box Number is Not Acceptable)
1515 University Drive #208B
City: Coral Springs FL Zip Code: 33071

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
NAME: Janice Goldstein
STREET ADDRESS: 5463 No. State Rd 7
CITY-ST-ZIP: Tamarac, FL 33319-2954

☐ Delete

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STREET ADDRESS:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: Janice Goldstein
STREET ADDRESS: 1515 University Dr #208B
CITY-ST-ZIP: Coral Springs, FL 33071

☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; 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 #

4/27/01 755.9944

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90493 027 ***150.00

770319

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)