

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90213 026 ***150.00

DOCUMENT # P99000080616

1. Entity Name
RELIABLE MORTGAGE SERVICES, INC.



Principal Place of Business
7500 N.W. 25TH STREET #214
MIAMI FL 33122

Mailing Address
15052 SW 149 ST
MIAMI FL 33196

2. Principal Place of Business

7500 NW 25 ST

3. Mailing Address

7500 NW 25 ST

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33122

Country

U.S.A.

Zip

33122

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1054264**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, FRANK

7500 N.W. 25TH STREET #214
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

GONZALEZ, FRANK

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

7500 NW 25 ST

MIAMI

City

FL

Zip Code

33122

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D GONZALEZ, FRANK**
STREET ADDRESS **7500 N.W. 25TH STREET #214**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-03 (307) 766-2765

CR2E034 (10/02)