

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90837 001 \*\*\*300.00

DOCUMENT # P99000091439

1. Entity Name  
MORTGAGE BANKERS OF SOUTH FLORIDA, INC. ✓



Principal Place of Business  
7850 NW 146TH STREET  
SUITE 423  
MIAMI LAKES FL 33016

Mailing Address  
7850 NW 146TH STREET  
SUITE 423  
MIAMI LAKES FL 33016

2. Principal Place of Business

7900 NW 155 St.

Suite, Apt. #, etc.

#108

City & State

Miami Lakes

Zip  
FL 33016

Country

USA

3. Mailing Address

7900 NW 155 St.

Suite, Apt. #, etc.

#108

City & State

Miami Lakes, FL

Zip

33016

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0951815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMUS, MICHAEL

7850 NW 146TH STREET

SUITE 423

MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

Camus, Michael

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

7900 NW 155 St.

#108

City

Miami Lakes

FL

Zip Code

33016

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 VP  
NAME CAMUS, MICHAEL  
STREET ADDRESS 7850 NW 46 STREET SUITE 423  
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME Camus, Michael  
STREET ADDRESS 7900 NW 155 St #108  
CITY-ST-ZIP Miami Lakes, FL 33016 ☒ Change ☐ Addition

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

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

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

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

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

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

Michael Camus 03-01-03 (305) 522-4427

Date

Daytime Phone #

CR2E034 (10/02)