

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-23-2003 90234 001 ****75.00
01-23-2003 90234 002 ****75.00

DOCUMENT # S14159

1. Entity Name
UNLIMITED MORTGAGE SERVICES INC.



Principal Place of Business
814 PONCE DE LEON BLVD.
205
CORAL GABLES FL 33134
US

Mailing Address
814 PONCE DE LEON BLVD.
205
CORAL GABLES FL 33134
US

2. Principal Place of Business
1390 SOUTH DIXIE HWY

3. Mailing Address
1390 SOUTH DIXIE HWY

Suite, Apt. #, etc.
2209 + 2208

Suite, Apt. #, etc.
2209 + 2208

City & State
CORAL GABLES,

City & State
CORAL GABLES FL

Zip Country
FL 33146 US

Zip Country
33146 US

4. FEI Number **65-0230342**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BLUM, GISELE
814 PONCE DE LEON BLVD
SUITE 205
CORAL GABLES FL 33134

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. 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 **P** ☐ Delete
NAME **BLUM, GISELE**
STREET ADDRESS **814 PONCE DE LEON BLVD., SUITE 205**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **T** ☐ Delete
NAME **BLUM, GISELE**
STREET ADDRESS **814 PONCE DE LEON BLVD., SUITE 205**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SVP** ☐ Delete
NAME **CUERVO, MARIA L**
STREET ADDRESS **814 PONCE DE LEON BLVD #205**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 **1390 S. DIXIE HWY # 2209**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1390 S. DIXIE HWY # 2209**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1390 S. DIXIE HWY # 2209**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

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

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

GISELE BLUM

1/16/03

(305) 461-2161

Date Daytime Phone #

CR2E034 (10/02)