

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90113 003 \*\*\*150.00

**DOCUMENT # V33788**

1. Entity Name

**LIBERTY MORTGAGE FINANCE SERVICES, INC.**

Principal Place of Business

Mailing Address

8001 SW 36 STREET  
 DAVIE FL 33328  
 US

8001 SW 36 STREET  
 DAVIE FL 33328-1915  
 US

2. Principal Place of Business

2616 GRIFFIN ROAD

3. Mailing Address

P.O. Box 292457

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

DAVIE FL

Zip

33312

Country

USA

Zip

33329

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0332265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, LALA RUTH  
 2100 N.W. 93 STREET  
 MIAMI FL 33147

Name

PATRICIA S. Manley

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

2275 S.W. 44 Street

City

Fort Lauderdale

FL

Zip Code

33312

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

*Patricia S. Manley*

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
 NAME MANLEY, PATRICIA S.  
 STREET ADDRESS 2275 SW 44 STREET  
 CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Patricia S. Manley*

PATRICIA S. MANLEY 5/1/2000 473-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)