

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90062 003 ***150.00

0301290 AV

DOCUMENT # P00000007946

1. Entity Name
APPROVED HOME LENDING, INC.



Principal Place of Business
**11440 N. KENDALL DR.
SUITE 104
MIAMI FL 33176**

Mailing Address
**11440 N. KENDALL DR.
SUITE 104
MIAMI FL 33176**

60000530



2. Principal Place of Business

**11430 N. Kendall Dr.
Suite, Apt. #, etc.
Suite # 112
City & State
MIAMI FL**

3. Mailing Address

**11430 N. Kendall Dr.
Suite, Apt. #, etc.
Suite # 112
City & State
MIAMI FL**

CHECK HERE IF MAKING CHANGES

Zip **33176** Country **U.S.A.**

Zip **33176** Country **U.S.A.**

4. FEI Number **94-3350869**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEONA, JORGE V
395 ALHAMBRA CIRCLE
STE 200
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Kenneth J. Hamel**
Street Address (P.O. Box Number is Not Acceptable)
**11420 N. Kendall Dr
Suite 108
City MIAMI FL Zip Code 33176**

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 **Kenneth J. Hamel** DATE **1-15-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	AGUAD, ARESKI 11430	
STREET ADDRESS	11440 NORTH KENDALL DRIVE SUITE 104 112	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	AGUAD, MAUREEN 11430	
STREET ADDRESS	11440 NORTH KENDALL DRIVE SUITE 104 112	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
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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 fee empowered.

SIGNATURE: **ARESKI AGUAD** DATE **1-15-03** (305) 275-9109

CR2E034 (10/02)