

# 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

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

CHECK HERE IF MAKING CHANGES

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 1-15-03  
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

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 fee empowered.

SIGNATURE: ARESKI AGUAD 1-15-03 (305) 275-9109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)