

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004459

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

*mf*

1. Entity Name  
**The Home Mortgage Specialist**

Principal Place of Business Mailing Address  
**8360 W. Oakland Park Blvd #311  
Sunrise, FL 33351**

2. Principal Place of Business 3. Mailing Address  
**8360 W. Oakland Park 8360 W. Oakland Park Blvd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**311 311**

City & State City & State  
**Sunrise, Florida Sunrise, Florida**  
Zip Country Zip Country  
**33351 USA 33351 USA**

4. FEI Number Applied For  
**65-0948585** Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Ricardo Pedrosa**  
**6650 N.W. 101 Terr**  
**Parkland, FL 33076**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ricardo Pedrosa MGR</b> <b>8360 W. Oakland Park Blvd #311</b> <b>Sunrise, FL 33351</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>000003384400</b> <b>-09/06/00--01103--027</b> <b>*****55.00 *****55.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ricardo Pedrosa* **Ricardo Pedrosa** **8/21/00** **(954) 742-4811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)