2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
01-21-2002 90020 018 ****50.00

DOCUMENT # L99000004459

1. Entity Name
THE HOME MORTGAGE SPECIALIST, LLC.

907833

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8360 W. OAKLAND PARK BLVD., ~~#311~~ 101 SUNRISE FL 33351	8360 W. OAKLAND PARK BLVD., ~~#311~~ 101 SUNRISE FL 33351

2. Principal Place of Business	3. Mailing Address
8360 W. Oakland Park Blvd	8360 W. Oakland Park Blvd
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: 101
City & State: Sunrise FL	City & State: Sunrise, FL
Zip: 33351 Country: USA	Zip: 33351 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEDROSA, RICARDO 6650 N.W. 101 TERR PARKLAND FL 33076	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PEDROSA, RICARDO 8360 W. OAKLAND PARK BLVD., ~~#311~~ 101 SUNRISE FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: SIGNATURE REQUIRED 1/11/02 954-792-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #