

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90015 048 ***150.00

DOCUMENT # F97000002714

1. Entity Name
PARK PLACE HOME MORTGAGE CORP.

Principal Place of Business

**226 E. 54TH ST
 300
 NEW YORK NY 10022
 US**

Mailing Address

**2 VIA ROMA
 PALM COAST FL 32137
 US**

2. Principal Place of Business

344 EAST 59th ST

Suite, Apt. #, etc.
3rd floor

City & State
NY NY

Zip
10002

Country
NYC

3. Mailing Address

2554 NW 44th CT

Suite, Apt. #, etc.

City & State
BOCA RATON FL

Zip
33434



DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3839447

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SOTERAKIS, JACQUELINE
 2 VIA ROMA
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name
JOE COSTA
 Street Address (P.O. Box Number is Not Acceptable)
2554 NW 44th Court
 City
BOCA RATON FL Zip Code
33434

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

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, 2002 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

TITLE
P
 NAME
COSTA, JOSEPH
 STREET ADDRESS
315 E 68TH ST APT 5J
 CITY-ST-ZIP
NEW YORK NY 10021

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
COSTA, JOSEPH
 NAME
2554 NW 44th CT
 STREET ADDRESS
BOCA RATON, FL 33434
 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)