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2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 19, 2002 8:00 am Secretary of State

DOCUMENT # , L01000001960						Secretary of State 04-30-2002 90134 037 ****50.00					
•	UILDERS MORTGA		.i.	, !	-	<u>. 57</u>					
Principal Place	HOMEBUILDERS MORTGAGE NETW Incipal Place of Business In MIAMI LAKES DRIVE WEST MI LAKES FL 33016 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current HOMEBUILDERS FINANCIAL NETWO 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016 The above named entity automite this statement for SINATURE Signature, byted or prinsed name of registered agent MANAGING MEMBI E ME E ME E ME EET ADDRESS 122		ess		.	J		984	4. 0	п	
7900 Miami Lakes Drive West Miami Lakes Fl. 33016		7900 MAMIT Miami Lakes	7900 MAMILIAKES DRIVE WESTS A STANDARD MAMILIAKES FL 33016 CONTROL OF THE STANDARD S			75 ;	5		· \$		
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. Principal Pl	face of Business	3. Mailing Ad	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		ļ		DO NOT WRI	TE IN THIS SPA	'CE		
City & State		City & State	City & State			4. FEI Number Applied For Not Applicable					
Zip Country		Zip	Zip Counti		Certificate of Status Desired						
	6. Name and Addres	is of Current Registered Age	nt		7. N	iame and Add	ress of New I	Registered Age			
	MEDI III DEDO FINANCI	IAI NETHIODY INC		Name	Capu	mn, t	toux	ind J			
7900 MIAMI LAKES DRIVE WEST				\$\\°\$\\`C	O TO	(P.O. Box Number is Not Acceptable w. Ste 100					
·					imi La			FL	Zip Code 330	14	
8. The above	named entity submite thi	statement for the purpose of	changing its registe	red office or I	egistered ag	ent, or both, in	the State of F	orida.			
SIGNATURE	24	m	·			instalian)		DATE		l	
	Signature, typied or printed name	of registered agent and title if applicable.	(NOTE: Register	ed Agent signatur	- ,	HIRECORDING)			<u>-</u>		
	. The Edition	Make	Check Payable	to Departn	nent of Sta	te				ľ	
				lay 1, 2002	<u> </u>		·		· · · · · · · · · · · · · · · · · · ·		
9.	MANA	GING MEMBERS/MANAGERS		- 1	Mang	200100	م محاجم ق	/CHANGES	Change_	Addition	
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limited li	d on this report is true and	n supplied with this filing does is accurate and that my signaturative or trustee empowered to	not qualify for the ex- ire shall have the sar execute this report	temption stateme legal effects as required b	ed in Section at as if made by Chapter 60	119.07(3)(i), Fl under oath: tha 8, Florida Statu	orida Statutes it I am a man ites.	. I further certify aging member	•		
SIGNAT	TURE: 1	CAN INTO CONTRACTOR HANDON	G HENDER HANAGER	OR AUTHORIZED	7 REPRESENTATI	//-/	Date		ime Phone 4	'''	