

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90134 037 ****50.00

DOCUMENT # L01000001960

1. Entity Name

HOMEBUILDERS MORTGAGE NETWORK, L.L.C.

Principal Place of Business

7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

Mailing Address

7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

98440

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1076025

Applied For

Not Applicable

6. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOMEBUILDERS FINANCIAL NETWORK, INC.
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

Braftman, Howard J.

Street Address (P.O. Box Number is Not Acceptable)

7900 miami lakes Dr W. Ste 100

City

Miami Lakes,

FL

Zip Code

33016

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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 checked="" type="checkbox"/> Addition
Manager/member	Homebuilders Financial Network, Inc.	7900 miami lakes Dr, west. Ste 100	Suite 100 miami lakes, FL 33016		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/02

305-820-3977

CR2E083 (9/01)