

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 027 ****50.00

DOCUMENT # L01000016004

1. Entity Name
NATIONWIDE HOME MORTGAGE, L.L.C.

Principal Place of Business

**1110 BRICKELL AVE.
 SUITE 407
 MIAMI FL 33131**

Mailing Address

**1110 BRICKELL AVE.
 SUITE 407
 MIAMI FL 33131**

2. Principal Place of Business

**9415 SW 72nd St #125
 Suite, Apt. #, etc.
 125**

3. Mailing Address

**9415 SW 72nd St
 Suite, Apt. #, etc.
 (125)**

City & State
Miami FL

City & State
Miami FL

Zip
33173 Country
DADE

Zip
33173 Country
DADE

4. FEI Number
65-1138159

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, ANDY CPA
 9415 S.W. 72 ST. SUITE 123
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name
Maribel Rodriguez
 Street Address (P.O. Box Number is Not Acceptable)
9415 SW 72nd St #125
 City
Miami FL Zip Code
33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
 NAME
RODRIGUEZ, MARIBEL
 STREET ADDRESS
13300 S.W. 99 PLACE
 CITY-ST-ZIP
MIAMI FL 33176 ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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

Date **8/13/02** (02) 373-5071
 Daytime Phone #

CR2E083 (4/02)