

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004459

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

*mf*

1. Entity Name  
**The Home Mortgage Specialist**

Principal Place of Business      Mailing Address  
**8360 W. Oakland Park Blvd #311  
Sunrise, FL 33351**

2. Principal Place of Business      3. Mailing Address  
**8360 W. Oakland Park      8360 W. Oakland Park Blvd  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
311      311**

City & State      City & State  
**Sunrise, Florida      Sunrise, Florida**  
Zip      Country      Zip      Country  
**33351      USA      33351      USA**

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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Ricardo Pedrosa  
6650 N.W 101 terr  
Parkland, FL 33076**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ricardo Pedrosa MGR</b> <b>8360 W. Oakland Park Blvd #311</b> <b>Sunrise, FL 33351</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000003384400</b> <b>-09/06/00--01103--027</b> <b>*****55.00    *****55.00</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **Ricardo Pedrosa**      Date: **8/21/00**      Daytime Phone #: **(954) 742-4811**

CR2E083 (11/99)