

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013193 AF

DOCUMENT # L99000004459

1. Entity Name  
THE HOME MORTGAGE SPECIALIST, LLC.

FILED

01 JAN 17 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
8360 W. OAKLAND PARK BLVD., #311  
SUNRISE FL 33351

Mailing Address  
8360 W. OAKLAND PARK BLVD., #311  
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0948585

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDROSA, RICARDO  
5950 WEST OAKLAND PARK BLVD #200  
LAUDERHILL FL 33313

Name Pedrosa Ricardo  
Street Address (P.O. Box Number is Not Acceptable)  
6650 W.W. 101 Terr  
City Parkland FL Zip Code 33076

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR PEDROSA, RICARDO  
STREET ADDRESS 8360 W. OAKLAND PARK BLVD., #311  
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
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

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

Date

Daytime Phone #

1/11/01 (95-1) 742-4811

CR2E083 (11/00)