

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90020 018 \*\*\*\*50.00

00330

**DOCUMENT # L99000004459**

1. Entity Name  
**THE HOME MORTGAGE SPECIALIST, LLC.**

Principal Place of Business Mailing Address  
**8360 W. OAKLAND PARK BLVD., #101** **8360 W. OAKLAND PARK BLVD., #101**  
**SUNRISE FL 33351** **SUNRISE FL 33351**

**907833**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**8360 W. Oakland Park Blvd.** **8360 W. Oakland Park Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**101** **101**  
 City & State City & State  
**Sunrise, FL** **Sunrise, FL**  
 Zip Country Zip Country  
**33351 USA** **33351 USA**

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

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**  
**6650 N.W. 101 TERR**  
**PARKLAND FL 33076**

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

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PEDROSA, RICARDO</b> <b>8360 W. OAKLAND PARK BLVD., #101</b> <b>SUNRISE FL 33351</b>	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** *[Signature]* **REQUIRED** **1/11/02** **954-792-4811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)