

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90230 033 ****50.00

DOCUMENT # L99000004459

1. Entity Name

THE HOME MORTGAGE SPECIALIST, LLC.



Principal Place of Business

**8360 W. OAKLAND PARK BLVD.
101
SUNRISE FL 33351**

Mailing Address

**8360 W. OAKLAND PARK BLVD.
101
SUNRISE FL 33351**

2. Principal Place of Business

1820 N. Corporate Lakes Blvd

3. Mailing Address

1820 N. Corporate Lakes Blvd

Suite, Apt. #, etc.

111

Suite, Apt. #, etc.

111

City & State

Weston

City & State

Weston

Zip

33026

Country

USA

Zip

33026

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

**PEDROSA, RICARDO
6650 N.W. 101 TERR
PARKLAND FL 33076**

7. Name and Address of New Registered Agent

Name

Pedrosa, Ricardo

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

1820 N. Corporate Lakes Blvd

Suite 111

City

Weston

FL

Zip Code

33326

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/01/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **PEDROSA, RICARDO**
STREET ADDRESS **8360 W OAKLAND PARK BLVD 101**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Pedrosa, Ricardo**
STREET ADDRESS **1820 N. Corporate Lakes Blvd 111**
CITY-ST-ZIP **Weston, FL 33326**

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

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

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TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

11/01/03

(954) 288-4211

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

Date

Daytime Phone #

CR2E083 (10/02)