

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90320 011 ****50.00

DOCUMENT # M00000000729



1. Entity Name
HOME STAR MORTGAGE SERVICES, LLC

Principal Place of Business
**ONE PARAGON DRIVE, STE. 255
MONTVALE NJ 07845**

Mailing Address
**301 NORTH CATTLEMEN RD., STE. 205
SARASOTA FL 34232**

2. Principal Place of Business
W115 Century Road
Suite, Apt. #, etc.

3. Mailing Address
W115 Century Road
Suite, Apt. #, etc.
Attn: Chris Scolaro

City & State
Paramus NJ

City & State
Paramus NJ

4. FEI Number **58-2450911**

Applied For
 Not Applicable

Zip
07652

Country
USA

Zip
07652

Country
USA

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORDEN, PETER R 727 GALOPING HILL ROAD FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVINE, MARTIN J 78 SCHOOLHOUSE LANE E. BRUNSWICK NJ 08816	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEILL, TIM 10 HARNESS ROAD NEW CITY NY 10956	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOLARO, CHRIS 5 GREYRIDGE FARM CT. STONY POINT NY 10980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANCER, JEFF 54 UNDERCLIFF ROAD MILLBURN NJ 07041	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURRID, GRACE 59 E. GRAND AVE. MONTVALE NJ 07645	<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"/> Change <input type="checkbox"/> Addition
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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: Chris Scolaro **SIGNATURE REQUIRED** Chris Scolaro 1/9/2003 201-225-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)