

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90292 015 ****61.25

DOCUMENT # N22030

1. Entity Name
**MIAMI CHAPTER OF THE FLORIDA ASSOCIATION OF
MORTGAGE BROKERS, INC.**



Principal Place of Business
HOME EQUITY MORTGAGE
7333 CORAL WAY
MIAMI, FL 33155 US

Mailing Address
HOME EQUITY MORTGAGE
7333 CORAL WAY
MIAMI, FL 33155 US

DO NOT WRITE IN THIS SPACE



03152004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0039750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WORDELL-SMITH, KAREN
1292 CEDAR CENTER DR
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/04

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALVAREZ, LOURVES
STREET ADDRESS 8245 NW 36TH ST
CITY-ST-ZIP MIAMI, FL 33166

TITLE P
NAME OPPER, GARY
STREET ADDRESS 1304 N.W. 160 AVE #355
CITY-ST-ZIP SUNRISE, FL 33326

TITLE VP
NAME DAVIDE, SALVATORE J
STREET ADDRESS 7333 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33155

TITLE ~~TD~~ D
NAME NORIEGA, CARL A
STREET ADDRESS 7834 NW 178TH STREET
CITY-ST-ZIP MIAMI, FL 33015

TITLE D
NAME LAPIANA, MICHELLE
STREET ADDRESS 8222 NW 200 TERRACE
CITY-ST-ZIP MIAMI, FL 33015

TITLE T
NAME ALPHONCIA LAFRANCE
STREET ADDRESS 802 NE 125 St., #109
CITY-ST-ZIP NORTH MIAMI, FL 33161

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #