

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90171 048 ****61.25

DOCUMENT # N22030

1. Entity Name

MIAMI CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.



Principal Place of Business

17725 84TH CT N
LOXAHATCHEE FL 33470
US

Mailing Address

17725 84TH CT N
LOXAHATCHEE FL 33470
US

2. Principal Place of Business

HOME EQUITY MORTGAGE

Suite, Apt. #, etc.
1333 CORAL WAY

City & State
MIAMI, FLORIDA

Zip Country
33155 US

3. Mailing Address

HOME EQUITY MORTGAGE

Suite, Apt. #, etc.
1333 CORAL WAY

City & State
MIAMI, FLORIDA

Zip Country
33155 US



☐ CHECK HERE IF MAKING CHANGES

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ALVAREZ, LOURVES**
STREET ADDRESS **8245 NW 36TH ST**
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE **SD** ☒ Delete
NAME **CAPETILLO, ANA**
STREET ADDRESS **11010 SW 127 AVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☒ Delete
NAME **SMITH, BARBARA**
STREET ADDRESS **5005 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VPD** ☒ Delete
NAME **ALVAREZ, LOURDES L**
STREET ADDRESS **8245 NW 36 ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **SALVATORE J. DAVIDE**
STREET ADDRESS **7333 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **CARL A. NARIEGA**
STREET ADDRESS **7834 NW 178TH STREET**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MICHELLE LAPIANA**
STREET ADDRESS **8222 NW 200 TERRACE**
CITY-ST-ZIP **MIAMI FL 33015**

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

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 REQUIRED

2/26/02 954-384-4357

CR2E037 (10/02)