

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90128 034 ***150.00

027254

DOCUMENT # P00000002560

1. Entity Name
HOME ACCESS MORTGAGE CORP.

Principal Place of Business
1527 PALERMO DRIVE
WESTON FL 33327

Mailing Address
1527 PALERMO DRIVE
WESTON FL 33327

641667



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10081 Pines Blvd.
 Suite, Apt. #, etc.
Suite E

3. Mailing Address
10081 Pines Blvd. #E
 Suite, Apt. #, etc.

City & State
Pembroke Pines
Pembroke Pines

Zip
33024
33024

Country
U.S.A.
U.S.A.

4. FEI Number
65-0972087

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CASANOVA, DAMARIS
1527 PALERMO DRIVE
WESTON FL 33327

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.

SIGNATURE *Damaris Casanova* **Damaris Casanova President 4/2/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
PSD
 NAME
CASANOVA, DAMARIS
 STREET ADDRESS
1527 PALERMO DRIVE
 CITY-ST-ZIP
WESTON FL 33327

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Damaris Casanova* **Damaris Casanova 4/2/01 954 433-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)