

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90178 015 ***150.00

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DOCUMENT # P00000006248

1. Entity Name
UNITED HOME LOANS INC.



Principal Place of Business

**2500 S.W. 107 AVE
49
MIAMI FL 33165**

Mailing Address

**?2500 S.W. 107 AVE
49
MIAMI FL 33165**

2. Principal Place of Business

**11162 W. FLAGLER ST
Suite, Apt. #, etc.**

3. Mailing Address

**11162 W. FLAGLER ST
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0979589

Applied For

☐ Not Applicable

Zip

33174

Country

USA

Zip

33174

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**USAGA, CONSTANTINO D
1542 S.W. 137TH COURT
MIAMI FL 33184**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **USAGA, CONSTANTINO D**
STREET ADDRESS **1542 S.W. 137TH COURT**
CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE **VTD** ☐ Delete
NAME **USAGA, MARTHA L**
STREET ADDRESS **1542 S.W. 137TH COURT**
CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

(305) 226-5566

Daytime Phone #

CR2E034 (10/02)