

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90044 003 ***150.00

U.S. 31-200 AV

DOCUMENT # P00000028608

1. Entity Name

FL HOME LOANS, INC.



Principal Place of Business
3735 SW 8TH ST.
SUITE 201
CORAL GABLES FL 33134

Mailing Address
3735 SW 8TH ST.
SUITE 201
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
65-0998076

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREIXA, ODALIS
4413 SW 13 TERRACE
MIAMI FL 33134

Name **FREIXA, DALIS**
Street Address (P.O. Box Number is Not Acceptable)
922 Obispo Avenue
City **Coral Gables** **FL** Zip Code **33134**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/03**

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 **P** ☐ Delete
NAME **FREIXA, ODALIS**
STREET ADDRESS **4413 SW 13 TERRACE**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **P** ☒ Change ☐ Addition
NAME **FREIXA, DALIS**
STREET ADDRESS **922 Obispo Avenue**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **S** ☐ Delete
NAME **ALBERTO, FREIXA**
STREET ADDRESS **4413 SW 13 TERRACE**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **S** ☒ Change ☐ Addition
NAME **FREIXA, ALBERTO**
STREET ADDRESS **922 Obispo Avenue**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Dalis Freixa **DEODALIS FREIXA, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/6/03** (305) 461-0755
Daytime Phone #

CR2E034 (10/02)