

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000086926**

1. Entity Name

**LOANS & HOMES, INC.**

FILED

02 OCT 29 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

15040 S.W. 153 STREET  
MIAMI FL 33187

Mailing Address

15040 S.W. 153 STREET  
MIAMI FL 33187

2. Principal Place of Business

15601 S.W. 147 AVENUE

3. Mailing Address

15601 S.W. 147 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

MIAMI, FLORIDA

City &amp; State

MIAMI, FLORIDA

Zip

33187

Country

DADE

Zip

33187

Country

DADE

4. FEI Number

65-1045043

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, BARBARA  
16040 S.W. 153 STREET  
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name: BARBARA, RODRIGUEZ  
Street Address (P.O. Box Number is Not Acceptable)  
15601 S.W. 147 AVENUE

City: MIAMI

FL

Zip Code  
33187

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-6-02

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, 2002 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: DP ☐ Delete  
NAME: RODRIGUEZ, FERNANDO L.  
STREET ADDRESS: 15040 S.W. 153 STREET  
CITY-ST-ZIP: MIAMI FL 33187TITLE: DV ☐ Delete  
NAME: RODRIGUEZ, BARBARA  
STREET ADDRESS: 15040 S.W. 153 STREET  
CITY-ST-ZIP: MIAMI FL 33187TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: 

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT ☒ Change ☐ Addition  
NAME: FERNANDO L. RODRIGUEZ  
STREET ADDRESS: 15601 S.W. 147 AVENUE  
CITY-ST-ZIP: MIAMI, FLORIDA 33187TITLE: VICE PRESIDENT ☒ Change ☐ Addition  
NAME: BARBARA RODRIGUEZ  
STREET ADDRESS: 15601 S.W. 147 AVENUE  
CITY-ST-ZIP: MIAMI, FLORIDA 33187TITLE: ☐ Change ☐ Addition  
NAME: 100008677871  
STREET ADDRESS: 10/29/02--01146--001 \*\*391.25  
CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition  
NAME: ~~10/29/02--01146--001 \*\*391.25~~  
STREET ADDRESS:   
CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: 

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-6-02 305 9693537

CR2E034 (9/01)

October 25, 2002

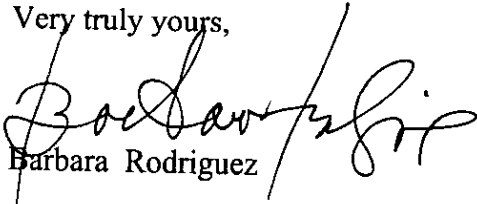
Department of State  
Division of Corporations  
Tallahassee, Florida 32314

Dear Sir/Madam:

Enclosed please find a money order in the amount of \$391.25 that represents the balance due for the filing of the annual report.

Thank you in advance for your cooperation.

Very truly yours,

  
Barbara Rodriguez