

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90050 046 ***150.00

DOCUMENT # P01000019809

1. Entity Name
HOMEVESTORS MORTGAGE SERVICES, INC.

Principal Place of Business
15247 SW 172 TERRACE
MIAMI FL 33187

Mailing Address
15247 SW 172 TERRACE
MIAMI FL 33187

2. Principal Place of Business
10550 NW 77 COURT
Suite, Apt. #, etc.
SUITE 214

3. Mailing Address
10550 NW 77 Ct.
Suite, Apt. #, etc.
SUITE 214

City & State
HALEAH GARDENS

City & State
HALEAH GARDENS

4. FEI Number
65-1077914

Applied For
Not Applicable

Zip
33016 Country
FLORIDA

Zip
33016 Country
FLORIDA

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

6. Name and Address of Current Registered Agent

VAZQUEZ, GILBERTO
15247 SW 172 TERRACE
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name
GILBERTO VAZQUEZ
Street Address (P.O. Box Number is Not Acceptable)
10550 NW 77 COURT
SUITE 214
City **HALEAH GARDENS** **FL** Zip Code **33016**

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  **3-11-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
NAME **DP VAZQUEZ, SONIA H** ☐ Delete
STREET ADDRESS **15247 SW 172 TERRACE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE
NAME **DT VAZQUEZ, JENNIFER E** ☐ Delete
STREET ADDRESS **15247 SW 172 TERRACE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE
NAME **DV VAZQUEZ, ANTHONY L** ☐ Delete
STREET ADDRESS **15247 SW 172 TERRACE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE
NAME **DS VAZQUEZ, GILBERTO** ☐ Delete
STREET ADDRESS **15247 SW 172 TERRACE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

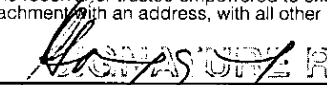
TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Change ☐ Addition
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-2002
Date

Daytime Phone #

CR2E034 (9/01)