

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90035 011 ***150.00

DOCUMENT # P01000050070 ✓

1. Entity Name

HomeFi Mortgage Advisory, Inc.

DO NOT WRITE IN THIS SPACE

B0018090

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4795 S. Citation Drive Suite, Apt. #, etc. 206		3. Mailing Address 4795 S. Citation Drive Suite, Apt. #, etc. 206	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33445	Country USA	Zip 33445	Country USA
4. FEI Number 651101084		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Leonard H. Garfield
Street Address (P.O. Box Number is Not Acceptable)	4795 S. Citation Drive
	#206
City	Delray Beach
FL	Zip Code 33445

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:  Leonard H Garfield 1/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

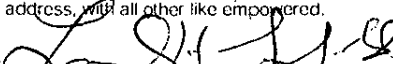
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	President, Treasurer and Secretary Leonard H. Garfield 4795 S. Citation Drive #206 Delray Beach, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Leonard H Garfield, President 1/21/02 561 865-0523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #