

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90130 003 \*\*\*150.00

DOCUMENT # *PO1000050070*

1. Entity Name

HomeFi Mortgage Advisory, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2500 Quantum Lakes Drive

3. Mailing Address  
11025 Via Sorrento

Suite, Apt. #, etc.  
203

Suite, Apt. #, etc.

City & State  
Boynton Beach

City & State  
Boynton Beach

4. FEI Number  
651101084

Applied For  
Not Applicable

Zip  
33426

Country  
Palm Beach

Zip  
33437

Country  
Palm Beach

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

DO NOT WRITE IN THIS SPACE

*20005376*

**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)

11025 Via Sorrento

City  
Boynton Beach

FL

Zip Code  
33437

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

Leonard H. Garfield

01/09/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
President, Treasurer and Secretary Leonard H. Garfield 11025 Via Sorrento	
Boynton Beach, FL 33437	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Leonard H. Garfield

01/09/03

561-853-2113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)