

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90612 050 ***150.00

0414784 AV

DOCUMENT # P01000090880

1. Entity Name

M & B HOME MORTGAGE, CORP.

Principal Place of Business

**17822 JAMESTOWN WAY. APT. C
 LUTZ FL 33558**

Mailing Address

**17822 JAMESTOWN WAY. APT. C
 LUTZ FL 33558**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**17822 Jamestown Way
 Suite, Apt. #, etc.
 Apt. C**

3. Mailing Address

**17822 Jamestown Way
 Suite, Apt. #, etc.
 Apt. C**

City & State

Lutz FL

City & State

Lutz FL

Zip
33558

Country

Zip
33558

Country

4. FEI Number

66-0529413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MARIA

17822 JAMESTOWN WAY, APT. C

LUTZ FL 33558

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	PD	<input type="checkbox"/> Delete
NAME	BERRIOS, MIGUEL A	
STREET ADDRESS	17822 JAMESTOWN WAY, APT. C	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MARIA	
STREET ADDRESS	17822 JAMESTOWN WAY, APT. C	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-02

Date

(817) 269-1520

Daytime Phone #

CR2E034 (9/01)