

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90224 037 ***150.00

DOCUMENT # P01000120131

1. Entity Name
METRO HOME MORTGAGE, INC.

Principal Place of Business

10210 QUITO STREET
COOPER CITY FL 33026

Mailing Address

10210 QUITO STREET
COOPER CITY FL 33026

2. Principal Place of Business

12555 ORANGE DRIVE

Suite, Apt. #, etc.

Suite 224

City & State

DAVIE, Florida

Zip

33330

Country

USA

3. Mailing Address

12555 Orange Drive

Suite, Apt. #, etc.

Suite 224

City & State

DAVIE, Florida

Zip

33330

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

800022849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAPATA, ALVARO
2607 BOGOTA AVENUE
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name

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

ALVARO ZAPATA - PRESIDENT **04/15/02**

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	D.	<input type="checkbox"/> Delete
NAME	ZAPATA, ALVARO	
STREET ADDRESS	2607 BOGOTA AVENUE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAPATA, MANUEL	
STREET ADDRESS	10210 QUITO STREET	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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	
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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:

ALVARO ZAPATA - DIRECTOR **04/15/02** **954-8621717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)