

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90109 024 ***150.00

DOCUMENT # P02000005027

1. Entity Name
HOME LOANS USA, INC.



Principal Place of Business
**6915 RED ROAD
SUITE 217
MIAMI FL 33143**

Mailing Address
**6915 RED ROAD
SUITE 217
MIAMI FL 33143**



2. Principal Place of Business
6915 Red Road
Suite, Apt. #, etc.
223

3. Mailing Address
6915 Red Road
Suite, Apt. #, etc.
223

City & State
Coral Gables
Zip
33143 Country
USA

City & State
Coral Gables
Zip
33143 Country
USA

4. FEI Number
26-0022641

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEL-CARMEN PEREIRO, ROCIO
299 ALHAMBRA CIRCLE SUITE 405
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Rocio Del Carmen Pereiro
Street Address (P.O. Box Number is Not Acceptable)
6915 Red Road, Suite 223
City
Coral Gables, FL Zip Code
33143

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PD	<input type="checkbox"/> Delete
NAME DEL CARMEN PEREIRO, ROCIO	
STREET ADDRESS 6915 SW 37 AVENUE, SUITE #217	
CITY-ST-ZIP MIAMI FL 33143	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEL CARMEN PEREIRO, ROCIO Rocio Del Carmen	
STREET ADDRESS 6915 Red Road, Suite 223	
CITY-ST-ZIP Coral Gables, FL 33143	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Pereiro Rocio D.	
STREET ADDRESS 6915 Red Road, Suite 223	
CITY-ST-ZIP Coral Gables, FL 33143	
TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jorge Pereiro	
STREET ADDRESS 6915 Red Road Suite 223	
CITY-ST-ZIP Coral Gables, FL 33143	
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	

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 Block 11 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

Date

Daytime Phone #

1/6/03

CR2E034 (10/02)