

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90253 002 ***158.75

DOCUMENT # P02000009538

1. Entity Name

HOMEOWNERS DIRECT MORTGAGE CORP.



Principal Place of Business
1150 N.W. 72ND AVENUE #555
MIAMI FL 33126

Mailing Address
1150 N.W. 72ND AVENUE #555
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

1750 N. University Dr.

1750 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

220

220

City & State

City & State

Coral Springs FL.

Coral Springs, FL.

Zip

Country

Zip

Country

33076

USA

33076

USA

6. Name and Address of Current Registered Agent

4. FEI Number

03-0387465

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME URBATIS, DARIUS
STREET ADDRESS 5141 N.W. 122ND AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33076

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME SADDI, NAVEEN
STREET ADDRESS 5141 N.W. 122ND AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33076

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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: X

SIGNATURE REQUIRED

SIGNATURE REQUIRED

Darius U. batris

2/10/03

9947573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)