

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-14-2003 90915 009 ***150.00

DOCUMENT # P02000076970

1. Entity Name
MORTGAGE HOMETEAM OF SOUTH FLORIDA, INC.



Principal Place of Business
**8018 NW 154TH STREET
MIAMI LAKES FL 33016**

Mailing Address
**8018 NW 154TH STREET
MIAMI LAKES FL 33016**

55039767



2. Principal Place of Business

3. Mailing Address

16121 E. Troon Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Lakes FL

4. FEI Number

36-4527966

Applied For

Not Applicable

Zip

Country

Zip

Country

33014

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEGEL, STEPHEN S ESQ.
7411 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Lourdes Rodriguez
16121 E. Troon Cr.
Miami Lakes, FL 33014**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

4-08-03 (305) 825-7081

Date

Daytime Phone #

CR2E034 (10/02)