

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000119077

1. Entity Name  
CONTINENTAL HOME LOANS CORP.



FILED

03 SEP 11 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10560 NW 27 STREET  
SUITE 101-A  
MIAMI FL 33172

Mailing Address  
10560 NW 27 STREET  
SUITE 101-A  
MIAMI FL 33172



2. Principal Place of Business  
~~12520 N.W. 76 TH. ST.~~  
~~Parkland~~  
~~FL~~

3. Mailing Address  
~~12520 N.W. 76 TH. ST.~~  
~~Parkland~~  
~~FL~~

☐ CHECK HERE IF MAKING CHANGES

City & State  
~~FL~~

City & State  
~~FL~~

Zip  
~~33076~~

Country  
~~USA~~

Zip  
~~33076~~

Country  
~~USA~~

4. FEI Number  
02-0650738

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MALECK, CATHERINE  
13155 SW 42ND STREET  
SUITE 102  
MIAMI FL 33175

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 Catherine Maleck DATE 9/6/03  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALECK, CATHERINE 13155 SW 42ND STREET SUITE 102 MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Maleck Catherine R.O.</del> <del>12520 NW 76 ST.</del> <del>Parkland, FL 33076</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Primer Paul Serret</del> <del>John Paul Serret</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ JOHN PAUL SERRET 12520 NW 76 ST PARKLAND, FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300022961733 09/11/03--01036--024 *\$550.00	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Catherine Maleck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/03 305 591-2323

Date Daytime Phone #

CR2E034 (4/03)



September 9, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

To Whom it may concern:

This is the first notice received , no prior notices were received because of wrong address.

Please find attached \$550.00 filing fee due prior to September 10,2003.

  
Catherine Maleck  
President