


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90005 005 ***150.00

DOCUMENT # P05000114393	
1. Entity Name UNITED HOME LENDERS, INC.	
	
Principal Place of Business 9485 SW 72ND ST A-250 MIAMI, FL 33183	Mailing Address 9485 SW 72ND ST A-250 MIAMI, FL 33183



05062008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1491421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent NARDO, DEIDRE 9485 SW 72ND ST A-250 MIAMI, FL 33183	
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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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NARDO, DEIDRE 12720 SW 76 ST MIAMI, FL 33183
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-274-2424