2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000034669 May 01, 2000 8:00 am Secretary of State HOMEBUILDERS FINANCIAL NETWORK, INC. 05-01-2000 90015 003 ***150.00 Principal Place of Business Mailing Address 7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5816 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address <u>7900 Miami Lakes Dr West</u> <u> 1900 Miami Lakes Dr West</u> Suite, Apt. #, etc. Suite 100 Suite Apt. # etc. Suite 100 DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0409810 Not Applicable Miami Lakes, FL Miami Lakes, FL Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33016 33016 UŚA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRAFMAN, HOWARD J Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ون Make Check Pavable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Change **K** Addition TITLE ☐ Delete NAME DeRonda, Nanette MEYER, THOMAS NAME STREET ADDRESS STREET ADDRESS 7900 Miami Lakes Dr W, #100 7900 MIAMI LAKES DR W CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL 33016 Miami Lakes, FL 33028 Addition Change ☐ Delete TITLE BARROCAS, LINDA NAME Broody, James A. STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR. W 7900 Miami Lakes Dr W., #100 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 Miami Lakes, FL 33028 ☐ Addition Delete - --TITLE NAME WHEELER, BRIAN N STREET ADDRESS STREET ADDRESS 7900 MIAMI LKS DR W CITY-ST-ZIP CITY-ST-ZIP MIAMI LKS FL 33016 Change ☐ Addition TITLE ☐ Delete TITLE NAME CONCEPCION, QUERALT STREET ADDRESS STREET ADDRESS 7900 MIAMI LKS DR W CITY-ST-ZIP CITY-ST-ZIP MIAMI LKS FL 33016 Addition TITLE Change Delete NAME NAME SYLVIA L PONCE STREET ADDRESS STREET ADDRESS 7900 MIMAI LKS DR W CITY-ST-ZIP CITY-ST-7IP MIAMI LKS FL 33016 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an officer or like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$/25/00

305) 820-3977

Daytime Phone #