

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90199 021 \*\*\*150.00

**DOCUMENT # P93000034669**

1. Entity Name

**HOMEBUILDERS FINANCIAL NETWORK, INC.**

Principal Place of Business

**7900 MIAMI LAKES DRIVE WEST  
 MIAMI LAKES FL 33016**

Mailing Address

**7900 MIAMI LAKES DRIVE WEST  
 MIAMI LAKES FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0409810**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAFMAN, HOWARD J**

**7900 MIAMI LAKES DRIVE WEST , Suite 100  
 MIAMI LAKES FL 33016**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
 NAME **MEYER, THOMAS**  
 STREET ADDRESS **7900 MIAMI LAKES DR W**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Brafman, Howard J.**  
 STREET ADDRESS **7900 midmi Lakes dr. w. Ste 100**  
 CITY-ST-ZIP **miami Lakes, FL 33016**

TITLE **EV** ☐ Delete  
 NAME **BARROCAS, LINDA**  
 STREET ADDRESS **7900 MIAMI LAKES DR. W**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **D EV** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **WHEELER, BRIAN N**  
 STREET ADDRESS **7900 MIAMI LKS DR W**  
 CITY-ST-ZIP **MIAMI LKS FL 33016**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Meyer Louis H.**  
 STREET ADDRESS **7900 miami Lakes Dr. w Ste 100**  
 CITY-ST-ZIP **miami Lakes, FL 33016**

TITLE **TS** ☐ Delete  
 NAME **CONCEPCION, QUERALT**  
 STREET ADDRESS **7900 MIAMI LKS DR W**  
 CITY-ST-ZIP **MIAMI LKS FL 33016**

TITLE **T** ☒ Change ☐ Addition  
 NAME **Queralt, Concepcion**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **DALLAL, MARK**  
 STREET ADDRESS **7900 MIAMI LKS DR W**  
 CITY-ST-ZIP **MIAMI LKS FL 33016**

TITLE **V** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **DERONDA, NARETTE**  
 STREET ADDRESS **7900 MIAMI LAKES DR W**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **V** ☒ Change ☐ Addition  
 NAME **Deronda, Nanette**  
 STREET ADDRESS  
 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 address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/12/02**

Date

**305-820-3922**

Daytime Phone #

CR2E034 (9/01)

Attachment 842130

DOCT# P93000034669

HOMEBUILDERS FINANCIAL NETWORK, INC.

DOCT # P93000034669

ADDITIONAL/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D

NAME: McCarthy, Ian

STREET ADDRESS: 5775 Peachtree Dunwoody Rd, Suite B-200

CITY - ST - ZIP: Atlanta, Georgia 30342