

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Apr 30, 2001 8:00 am
Secretary of State**

04-30-2001 90023 030 ***150.00

0400125

DOCUMENT # P95000065450

1. Entity Name

HOMETOWN MORTGAGE CORP.

Principal Place of Business

**2334 NW 187 AVE
PEMBROKE PINES FL 33029**

Mailing Address

**2334 NW 187 AVE
PEMBROKE PINES FL 33029**

2. Principal Place of Business

9000 W. Sheridan St

3. Mailing Address

9000 W. Sheridan St

Suite, Apt. #, etc.

Suite 173

Suite, Apt. #, etc.

173

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33024

Country

Broward

Zip

33024

Country

Broward

6. Name and Address of Current Registered Agent

**BONATE, DOUGLAS J
2334 NW 187 AVE
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name **Bonate Douglas J**
Street Address (P.O. Box Number is Not Acceptable) **9000 W. Sheridan St**
Suite 173
City **Pembroke Pines FL** Zip Code **33024**

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 _____ (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, 2001 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

TITLE	D <input type="checkbox"/> Delete
NAME	BONATE, DOUGLAS J
STREET ADDRESS	2334 NW 187 AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	D <input type="checkbox"/> Delete
NAME	BONATE, SHELLEY J
STREET ADDRESS	2334 NW 187 AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonate, Douglas J.
STREET ADDRESS	9000 W. Sheridan St #173
CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonate, Shelley
STREET ADDRESS	9000 W. Sheridan St #173
CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Shelley Bonate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01 450 5774
Date Daytime Phone #

CR2E034 (10/00)