

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079039

1. Entity Name

HOME MORTGAGE FINANCIAL SERVICES, CORP.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90056 006 ***150.00

Principal Place of Business

Mailing Address

~~5555 SW 94TH CT.~~

~~5555 SW 94TH CT.~~

MIAMI FL 33165

MIAMI FL 33165 6450

US

US

2. Principal Place of Business

3. Mailing Address

10300 S.W. 72nd. Street

10300 S.W. 72nd. Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

318

318

City & State

Miami, Fl.,

City & State

Miami, Fl.,

4. FEI Number

65-0612593

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

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

RUIZ, MARIA T

~~5555 SW 94TH CT.~~

MIAMI FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

10300 SW 72 St. Suite 318

City

MIAMI

FL

Zip Code

33173

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

5/1/00

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, 2000 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 PD ☐ Delete
NAME RUIZ, MARIA T
STREET ADDRESS ~~5555 SW 94TH CT.~~
CITY-ST-ZIP MIAMI FL 33165

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10300 SW 72 St. Ste. 318
CITY-ST-ZIP MIAMI, FL., 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA TERESA RUIZ

5/1/00

Date

Daytime Phone #

CR2E034 (9/99)