

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
07-20-2000 90014 048 ***150.00

A0068453

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000010896

1. Entity Name

APPROVED HOME MORTGAGE CORP.

Principal Place of Business

Mailing Address

12251 TAFT STREET
SUITE #401
PEMBROKE PINES, FL 33026

SAME

2. Principal Place of Business

12251 TAFT STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33026

Country

USA

Zip

Country

4. FEI Number

65-0642575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACQUELINE SANTOS
4025 SOUTHWEST 148 TERRACE
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

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)

7/12/2000

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, 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	P	<input type="checkbox"/> Delete
NAME	SANTOS, JACQUELINE	
STREET ADDRESS	4025 SW 148 TERRACE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTOS, EVERARDO	
STREET ADDRESS	1630 W. 46 STREET, #506	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANTOS, EDUARDO	
STREET ADDRESS	4025 SW 148 TERRACE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTOS, HILDA	
STREET ADDRESS	1630 W 46 STREET, #506	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FERRER, HILDA	
STREET ADDRESS	2201 S. OCEAN DRIVE, #203	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	EXEC. VP	<input type="checkbox"/> Delete
NAME	CHAIJEZ, CAROLINA	
STREET ADDRESS	17822 NW 179 CT	
CITY-ST-ZIP	MIAMI, FL 33015	

TITLE	EXEC. VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CAROLINA	
STREET ADDRESS	17822 NW 79COURT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, HILDA	
STREET ADDRESS	2201 S. OCEAN DRIVE, #203	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

796000016896

ADD08453

HILDA
12251 TAFT ST
STE 401
PEMBROKE PINES, FL 33026

Request taken by: yfisher
06-15-2000

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

PA4000010896

AA068453

APPROVED HOME MORTGAGE CORP.
CORRESPONDENT MORTGAGE LENDER



JULY 12, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: 2000 UNIFORM BUSINESS REPORT
FEI NUMBER: 65-0642575

TO WHOM IT MAY CONCERN:

I RECENTLY REALIZED THAT I HAD NOT RECEIVED THE ANNUAL REPORT FILING REQUEST. WHEN I CALLED YOUR OFFICE I WAS INFORMED BY YFISHER THAT OTHER COMPANIES HAVE THE SAME COMPLAINT AND WAS TOLD TO SEND THE NEW FORM WICH SHE MAILED TO ME WITH A CHECK FOR \$150.00.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME AT (954)704-0345.

SINCERELY,

HILDA FERRER
V.P.-