

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036995

1. Entity Name

HOME MORTGAGE LOANS (TREASURE COAST), INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90988 042 ***150.00

Principal Place of Business

Mailing Address

7000 SW 97TH AVE
SUITE 210
MIAMI FL 33156
US

7000 SW 97TH AVE
SUITE 210
MIAMI FL 33165-4001
US

2. Principal Place of Business

See # 7

3. Mailing Address

See # 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0663816

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VALDES, CARLOS
7000 SW 97TH AVE
SUITE 210
MIAMI FL 33173

Name

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

9445 Bird Rd. 2nd Flr.

City

Miami

FL

Zip Code

33165

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, 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 PSD ☐ Delete
NAME VALDES, CARLOS
STREET ADDRESS 7000 SW 97TH AVE STE 210
CITY-ST-ZIP MIAMI FL 33173

TITLE ☒ Change ☐ Addition
NAME 9445 Bird Road 2nd Floor
STREET ADDRESS miami, Fla 33165
CITY-ST-ZIP

TITLE VPTD ☐ Delete
NAME JAFFE, GEORGE L
STREET ADDRESS 7000 SW 97TH AVE STE 210
CITY-ST-ZIP MIAMI FL 33173

TITLE ☒ Change ☐ Addition
NAME SAME AS ABOVE
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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)