

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036995

1. Entity Name

HOME MORTGAGE LOANS (TREASURE COAST), INC.

Principal Place of Business

7000 S.W. 97th Ave.
Suite 210
Miami, FL 33156
US

Mailing Address

7000 S.W. 97th Ave.
Suite 210
Miami, FL 33173
US

2. Principal Place of Business

9445 Bird Road

Suite, Apt. #, etc.

2nd Floor

3. Mailing Address

2588 S.W. 27th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33165

Country

US

City & State

Miami, Florida

Zip

33133

Country

US

4. FEI Number

65-0663816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARLOS VALDES
9445 Bird Road, 2nd Floor
Miami, FL 33165

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
Carlos Valdes
9445 Bird Road, 2nd Floor
Miami, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
George L. Jaffe
9445 Bird Road, 2nd Floor
Miami, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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]

4/30/01

305-273-7800

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90357 027 ***150.00