

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060353

1. Entity Name

HOMEBUILDERS FINANCIAL NETWORK MANAGEMENT COMPAN

Principal Place of Business

7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

Mailing Address

7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5816

2. Principal Place of Business

7900 Miami Lakes Dr, W.

Suite, Apt. #, etc.

Suite 100

City & State

Miami Lakes, FL

Zip

33016

Country

USA

3. Mailing Address

7900 Miami Lakes Dr, W.

Suite, Apt. #, etc.

Suite 100

City & State

Miami Lakes, FL

Zip

33016

Country

USA

6. Name and Address of Current Registered Agent

BRAFMAN, HOWARD J
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

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, 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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | MEYERS, THOMAS H | |
| STREET ADDRESS | 7900 MIAMI LAKES DRIVE WEST | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BARROCAS, LINDA E | |
| STREET ADDRESS | 7900 MIAMI LAKES DRIVE WEST | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | |
| TITLE | TS | <input type="checkbox"/> Delete |
| NAME | CONCEPCION QUERALT | |
| STREET ADDRESS | 7900 MIAMI LKS DR W | |
| CITY-ST-ZIP | MIAMI LKS FL 33016 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WHEELER, BRIAN N | |
| STREET ADDRESS | 7900 MIAMI LAKES DRIVE WEST | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | |
| 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 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 | |
| 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

Concepcion Quera H

4/25/00

305) 820-3977

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90024 041 ***150.00

00041360



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0682756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required