# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #   P97000001835**

1. Entity Name
HOME MORTGAGE FUNDING CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| ~~9350 SW 72ND ST #115~~ | ~~9350 SW 72ND ST #113~~ |
| ~~MIAMI FL 33173~~ | ~~MIAMI FL 33173~~ |
| ~~US~~ | ~~US~~ |

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8900 S.W. 117th Ave.
Suite, Apt. #, etc.
B-104
City & State
Miami, Fl.
Zip 33186   Country USA

3. Mailing Address
8900 S.W. 117th Ave.
Suite, Apt. #, etc.
Suite B-104
City & State
Miami, Fl.
Zip 33186   Country USA

4. FEI Number  65-0716106
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ALMEIDA, RODNEY
~~9350 SW 72 STREET SUITE 115~~
~~MIAMI FL 33173~~

**7. Name and Address of New Registered Agent**

Name
Rodney Almeida
Street Address (P.O. Box Number is Not Acceptable)
8900 S.W. 117th Ave.
Suite B-104
City Miami   FL   Zip Code 33186

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 _____ / Rodney Almeida _____  3/4/02
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, 2002 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 PSTD NAME ALMEIDA, RODNEY STREET ADDRESS ~~9350 SW 72 STREET~~ CITY-ST-ZIP ~~MIAMI FL 33193~~ | ☐ Delete | | TITLE NAME STREET ADDRESS 8900 S.W. 117th Ave. Ste. B-104 CITY-ST-ZIP Miami, Fl. 33186 | ☒ Change | ☐ Addition | CR2E034 (9/01) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ 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: _____ Rodney Almeida   3/4/02   305-396-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #