

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031460

1. Entity Name

HNL MORTGAGE CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90109 030 ***150.00

Principal Place of Business

2500 SW 107TH AVE #49
MIAMI FL 33165
US

Mailing Address

2500 SW 107TH AVE #49
MIAMI FL 33165-2492
US

2. Principal Place of Business

8500 SW 8th Street

Suite, Apt. #, etc.

252

City & State

MIAMI FL

Zip
FL 33144

Country
US

3. Mailing Address

8500 SW 8th Street

Suite, Apt. #, etc.

252

City & State

MIAMI FL

Zip
33144

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0743192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGEL, NANCY

2500 SW 107TH AVE #49
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

NANCY ANGEL

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

8500 SW 8th Street Suite #252

City

MIAMI

FL

Zip Code

33144

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	PVST	<input checked="" type="checkbox"/> Delete
NAME	ANGEL, HUGO A JR.	
STREET ADDRESS	2500 SW 107 AVENUE SUITE #49	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	P	<input type="checkbox"/> Delete
NAME	NANCY ANGEL	
STREET ADDRESS	8500 SW 8 th ST SUITE 252	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHRISTINE ANN EDWARDS	
STREET ADDRESS	8500 SW 8 th ST SUITE 252	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	S, T, DIRECTOR	<input type="checkbox"/> Delete
NAME	HUGO A. ANGEL JR.	
STREET ADDRESS	8500 SW 8 th STREET SUITE 252	
CITY-ST-ZIP	MIAMI, FL 33144	
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
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

Daytime Phone #

CR2E034 (9/99)