

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90049 008 ***150.00

DOCUMENT # P97000031460

1. Entity Name
HNL MORTGAGE CORP.

Principal Place of Business Mailing Address
8500 SW 8 STREET **8500 SW 8 STREET**
SUITE 252 **SUITE 252**
MIAMI FL 33144 **MIAMI FL 33144**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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
8500 SW 8 STREET
SUITE #252
MIAMI FL 33144

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, 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:

TITLE	V	<input type="checkbox"/> Delete
NAME	EDWARDS, CHRISTINE A	
STREET ADDRESS	8500 SW 8 STREET SUITE 252	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANGEL, HUGO A SR	
STREET ADDRESS	8500 SW 8 STREET SUITE 252	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANGEL, NANCY	
STREET ADDRESS	8500 SW 8 STREET SUITE 252	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ANGEL, HUGO A JR	
STREET ADDRESS	8500 SW 8TH 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
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]* **4/26/02 (35) 386-0171**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0239831 AV

CR2E034 (9/01)