

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054594

1. Entity Name

HOME FINANCE COMPANY OF AMERICA, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90075 047 ***150.00

Principal Place of Business

1790 W. 49 ST.
STE #207
HIALEAH FL 33012

Mailing Address

1070 W. 51 PL.
STE #207
HIALEAH FL 33012

637830

2. Principal Place of Business

1790 W. 49 St., STE 207
Suite, Apt. #, etc.

3. Mailing Address

1070 W. 51 PL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

SUITE 207

City & State

HIALEAH, FL 33012

Zip

33012

Country

DADE

City & State

HIALEAH, FL

Zip

33012

Country

DADE

4. FEI Number 65-0844028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERRA, BARBARA M
1070 W. 51 PL
HIALEAH FL 33012

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 PSD
NAME CERRA, BARBARA M
STREET ADDRESS 1070 W. 51 PL
CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME CERRA, BARBARA M
STREET ADDRESS 1070 W. 51 PL
CITY-ST-ZIP HIALEAH, FL 33012 ☒ Change ☐ Addition

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

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

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

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

TITLE ☐ Change ☐ 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:

Barbara M. Cerra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA M. CERRA

3/23/01

(305) 825-3980

CR2E034 (10/00)