

2002

## 2001 UNIFORM BUSINESS REPORT (UBR)

009285

DOCUMENT # P98000054594

Entity Name

HOME FINANCE COMPANY OF AMERICA, INC.

FILED

02 APR 23 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1790 W 49 ST # 100-B  
HIALEAH, FL 330121070 W. 51 PL.  
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1790 W. 49 St.,

1070 W. 51 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100-B

City &amp; State

City &amp; State

HIALEAH, FL 33012

HIALEAH, FL

Zip

Country

Zip

Country

33012

DADE

33012

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSO	<input type="checkbox"/> Delete
NAME	CERRA, BARBARA M	
STREET ADDRESS	1070 W. 51 PL	
CITY-ST-ZIP	HIALEAH FL 33013	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800005451928--7	
STREET ADDRESS	-05/06/02--01009--024	
CITY-ST-ZIP	****150.00 ****150.00	

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

BARBARA M. CERRA

4-19-02

305-8253580

CR2E034 (10/00)