

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094233

1. Entity Name

YOUR HOMETOWN MORTGAGE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90023 016 ***150.00

Principal Place of Business

Mailing Address

555 NORTHEAST STREET
SUITE 725
MIAMI FL 33132

555 NORTHEAST STREET
SUITE 725
MIAMI FL 33132

2. Principal Place of Business

555 Northeast 15th Street
Suite, Apt. #, etc.
Suite 7725

3. Mailing Address

555 NE 15th Street
Suite, Apt. #, etc.
Suite 7725



DO NOT WRITE IN THIS SPACE

City & State

miami Florida

City & State

miami Florida

4. FEI Number

65-0875346

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33132

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIRITI, JOSEPH A JR
555 NORTHEAST STREET
SUITE 725
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

Spiriti, Joseph A. Jr.

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

555 Northeast 15th Street

Suite 7725

City

miami

FL

Zip Code

33132

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 Joseph A. Spiriti Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 15, 2000

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 PD
NAME BORELL, ANDREA
STREET ADDRESS 555 NORTHEAST STREET
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Borell, Andrea
STREET ADDRESS 555 NE 15th Street, Suite 7725
CITY-ST-ZIP miami, Florida 33132 ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Andrea N. Borell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
Director

Date

April 15, 2000

Daytime Phone #

(305) 371-7667

CR2E034 (9/99)