

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91359 050 \*\*\*150.00

**DOCUMENT # P99000027959**

1. Entity Name

**HOME MORTGAGE LENDING OF AMERICA CORP.**

Principal Place of Business

**9361 SW 40TH ST  
OFFICE FRONT  
MIAMI FL 33165**

Mailing Address

**9361 SW 40TH ST  
OFFICE FRONT  
MIAMI FL 33165**

767701

2. Principal Place of Business

**9361 SW 40th Street**

3. Mailing Address

**9361 SW 40th Street**

**Office Front**

**Bird Bowl Shopping Center**

**Office Front**

**Bird Bowl Shopping Center**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, Florida 33165**

City & State  
**Miami, Florida 33165**

4. FEI Number **65-0909628**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LE FRAN., ODALIS G  
9361 SW 40TH ST  
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **Odalis Gonzalez**  
Street Address (P.O. Box Number is Not Acceptable)  
**9361 SW 40th Street**  
**Bird Bowl Shopping Center**  
City **Office Front** **FL** Zip Code **33165**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-01

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 **P** ☐ Delete  
NAME **GONZALEZ, ODALIS**  
STREET ADDRESS **9361 SW 40TH ST**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VP** ☒ Delete  
NAME **MUJICA, ADELINA**  
STREET ADDRESS **9361 SW 40TH ST**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **P** ☒ Delete  
NAME **GONZALEZ, ALEJANDRO**  
STREET ADDRESS **9361 SW 40TH ST**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **S** ☐ Delete  
NAME **PEDROSO, VANESSA**  
STREET ADDRESS **9361 SW 40TH ST**  
CITY-ST-ZIP **MIAMI FL 33165**

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 ☐ Change ☐ Addition  
NAME **Gonzalez, Odalis, President**  
STREET ADDRESS **9361 SW 40th Street**  
CITY-ST-ZIP **Miami, FL 33165**

TITLE ☒ Change ☐ Addition  
NAME **Pedroso, Vanessa, Vice President**  
STREET ADDRESS **9361 SW 40th Street**  
CITY-ST-ZIP **Miami, FL 33165**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

305-480-0002

Date

Daytime Phone #

CR2E034 (10/00)