

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079657

1. Entity Name

FEDER HOMES CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90072 039 ***158.75

Principal Place of Business

3605 N. BAYHOMES DRIVE
MIAMI FL 33133
US

Mailing Address

3605 N. BAYHOMES DRIVE
SUITE 510
MIAMI FL 33133
US

2. Principal Place of Business

1601 Grande Orchid Way
Suite, Apt. #, etc.

3. Mailing Address

PO Box 560157
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL

City & State

Miami FL

4. FEI Number

59-3344868

Applied For

Not Applicable

Zip

33446

Country

USA

Zip

33256

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE
19TH FLOOR
MIAMI FL 33133

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, 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 PSD
NAME FEDER, STUART
STREET ADDRESS 3605 N. BAYHOMES DRIVE
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE TD
NAME FEDER, JUDITH
STREET ADDRESS 3605 N. BAYHOMES DRIVE
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE VPAS
NAME MULLINS, PAMELA
STREET ADDRESS 3605 N. BAYHOMES DRIVE
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1601 Grande Orchid Way
CITY-ST-ZIP Delray Beach FL 33446 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1601 Grande Orchid Way
CITY-ST-ZIP Delray Beach FL 33446 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 15622 SW 74 Place
CITY-ST-ZIP Miami FL 33157 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
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:

Pamela Mullins

Pamela Mullins

4/20/00

305 232 9196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #