

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90119 013 ***550.00

0035193 AV

DOCUMENT # M29301

1. Entity Name

HOMER, BONNER & DELGADO, P.A.

Principal Place of Business

Mailing Address

**3400 INTERNATIONAL PLACE
 100 SE 2ND STREET
 MIAMI FL 33131
 US**

**3400 INTERNATIONAL PLACE
 100 SE 2ND ST
 MIAMI FL 33131
 US**



2. Principal Place of Business

3. Mailing Address

100 SE 2ND Street

100 SE 2ND Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3400 Bank of America Tower

3400 Bank of America Tower

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33131 USA

USA

33131

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2648226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONNER, R. LAWRENCE
 3400 INTERNATIONAL PLACE
 100 SE 2ND STREET
 MIAMI FL 33131**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **BONNER, LAWRENCE R.**
 STREET ADDRESS **10201 SW 55TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **VSTD** ☐ Delete
 NAME **HOMER, PETER W.**
 STREET ADDRESS **640 SUNSET CIRCLE**
 CITY-ST-ZIP **KEY BISCAYNE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Peter Homer Officer and Director
SIGNATURE REQUIRED

7/6/01 305 350-5100
 Date Daytime Phone #

CR2E034 (5/01)