

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 125485

1. Entity Name

HOMAR PROPERTIES, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90047 009 \*\*\*150.00

Principal Place of Business

Mailing Address

200 S.E. FIRST STREET  
SUITE 901  
MIAMI FL 33131

200 S.E. FIRST STREET  
SUITE 901  
MIAMI FL 33131-1909

2. Principal Place of Business

801 Brickell Avenue

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.

2470

Suite, Apt. #, etc.

2470

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

6. Name and Address of Current Registered Agent

WEINTRAUB, MICHAEL  
200 S.E. FIRST STREET  
SUITE 901  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Same (Change of Address only)

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

801 Brickell Avenue

Suite 2470

City

Miami

FL

Zip Code  
33131

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 PD ☐ Delete  
NAME WEINTRAUB, MICHAEL  
STREET ADDRESS 200 S.E. FIRST STREET  
CITY-ST-ZIP MIAMI FL

TITLE AS ☐ Delete  
NAME TAM, CHRISTINA K  
STREET ADDRESS 200 S.E. FIRST STREET  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME GAUNTT, MILES  
STREET ADDRESS 200 S.E. FIRST STREET  
CITY-ST-ZIP MIAMI FL

TITLE VTSD ☐ Delete  
NAME SPOONER, SANDRA S  
STREET ADDRESS 200 SE 1ST ST  
CITY-ST-ZIP MIAMI FL

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  
STREET ADDRESS 801 Brickell Avenue, Ste 2470  
CITY-ST-ZIP Miami, FL 33131

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 801 Brickell Avenue, Ste 2470  
CITY-ST-ZIP Miami, FL 33131

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 801 Brickell Avenue, Ste 2470  
CITY-ST-ZIP Miami, FL 33131

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 801 Brickell Avenue, Ste 2470  
CITY-ST-ZIP Miami, FL 33131

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.

Sandra S. Spooner

SIGNATURE:

*Sandra S. Spooner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. P./Treas/Secry

04/15/00

305-377-6938

Date

Daytime Phone #

CR2E034 (9/99)