

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90382 032 ***150.00

0216951 AV

DOCUMENT # 125485

1. Entity Name
HOMAR PROPERTIES, INC.



Principal Place of Business
**801 BRICKELL AVENUE
2470
MIAMI FL 33131**

Mailing Address
**801 BRICKELL AVENUE
2470
MIAMI FL 33131**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-6062832** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**WEINTRAUB, MICHAEL
801 BRICKELL AVENUE
SUITE 2470
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WEINTRAUB, MICHAEL | |
| STREET ADDRESS | 801 BRICKELL AVE STE 2470 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | TAM, CHRISTINA K | |
| STREET ADDRESS | 801 BRICKELL AVE STE 2470 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GAUNTT, MILES | |
| STREET ADDRESS | 801 BRICKELL AVENUE STE 2470 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | VTSD | <input type="checkbox"/> Delete |
| NAME | SPOONER, SANDRA S | |
| STREET ADDRESS | 801 BRICKELL AVE STE 2470 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Sandra S. Spooner Secretary/Treasurer 04-21-03 305-377-6938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)