

2000 UNIFORM BUSINESS REPORT (UBR)

000463 AF

DOCUMENT # A99000000983

1. Entity Name
HOMETOWN STATION, LTD.

Principal Place of Business
**742 N.W. 12TH AVENUE
MIAMI FL 33136**

Mailing Address
**742 N.W. 12TH AVENUE
MIAMI FL 33136-3612**

FILED
00 MAY -2 PM 4:20
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business
**201 Alhambra Circle
Suite 1401
Coral Gables, FL.
Zip 33134 Country USA**

3. Mailing Address
**P.O. Box 141102
Coral Gables, FL
Zip 33134 Country USA**

4. FEI Number ☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MCDONOUGH, BRIAN J
1200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	N99000004165	STREET ADDRESS	
NAME	JUBILEE/HOMETOWN STATION, INC.	CITY - ST - ZIP	
STREET ADDRESS	742 N.W. 12TH AVENUE		
CITY - ST - ZIP	MIAMI FL 33136		
DOCUMENT #	P96000078002	STREET ADDRESS	201 Alhambra Circle, Suite 1401
NAME	PERMANENTIA INC.	CITY - ST - ZIP	Coral Gables, FL. 33134
STREET ADDRESS	1401 PONCE DE LEON BLVD., SUITE 402		
CITY - ST - ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: PERMANENTIA, INC. **SIGNATURE REQUIRED** **4/26/00** **(305) 442-9202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #