

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # *F29264*

1. Entity Name

*HOMEOWNERS FINANCIAL RESOURCES, INC.*

02-23-2005 90151 001 \*\*\*150.00  
02-23-2005 90151 002 \*\*\*\*\*8.75

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1304 S.W. 160 Ave*

3. Mailing Address

*1304 S.W. 160 Ave.*

**66002542**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

*SUITE 347*

Suite, Apt. #, etc.

*SUITE 347*

City & State

*SYNAISE FL.*

City & State

*SYNAISE, FL.*

4. FEI Number

*59-2085178*

Applied For

Not Applicable

Zip

Country

*33326-1902 U.S.A.*

Zip

Country

*33326-1902 U.S.A.*

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

7. Name and Address of Current Registered Agent

Name

*AARON WEINBERG*

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

*2745 W. CYPRESS CREEK RD.*

*AMERICA EXPRESS TAX & BUSINESS SERVICES*

City

*FORT LAUDERDALE FL*

Zip Code

*33309-1757*

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*S  
ROSALIND ARUNSON  
4962 S.W. 32ND WAY  
FT. LAUDERDALE, FL 33312*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*P  
ARUNSON, IRA J.  
1304 S.W. 160 AVE. # 347  
SYNAISE, FL 33326-1902*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*IRA ARUNSON* **PRESIDENT**

*2/18/05 (520) 977-6890*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)