

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G68151**

1. Entity Name

FIRST OF HOMESTEAD, INC.**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90046 047 ***158.75

Principal Place of Business

**C/O WILLIAM H. LOSNER
PO BOX 609, (1550 N.KROME AVE.)
HOMESTEAD FL 33090-0609**

Mailing Address

**C/O WILLIAM H. LOSNER
PO BOX 609, (1550 N.KROME AVE.)
HOMESTEAD FL 33090-0609****901004**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2393284**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LOSNER, WILLIAM H.
1550 NORTH KROME AVENUE
HOMESTEAD FL 33030**

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D	ALGER, RICHARD	18001 SW 285TH STREET	<input type="checkbox"/>
	D	COSTA, JOSE JR.	22290 SW 162ND AVENUE	<input type="checkbox"/>
	VTS	PEYTON, DAVID A.	421 NW 14TH ST	<input type="checkbox"/>
	D	FALCONER, NORMAN	1111 CRANDON BLVD.	<input type="checkbox"/>
	CDP	LOSNER, WILLIAM H.	20251 S.W. 272 STREET	<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT APRES

Date

1/12/01

Daytime Phone #

(305) 242-8451

CR2E034 (10/00)