2001 UNIFORM BUSINESS REPORT (UBR

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LOOOOO11631 HOME & OVERSEAS, L.C.						FILED 01 APR 23 PM 5: 22				
	: DE LEON BLVD., \$TE 305 LES FL 33146		875 PONCE DE LEON BLVD STE 305 Coral Gables fl 33146			THEEMING	() (LEL) (10 ×			
2 Principal F	Place of Business									
Z. Fillicipati	- lace of Business	3. Mailing Address	lailing Address) 1864 AND NO BORN SERVI BONN OF HE WENT BOOK NOT THE PROPERTY OF THE PROPERTY				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State	ity & State			Number L041035		 	pplied For	
Zíp	Country	Zip	Coun	ntry	- 	ficate of Status Desired		5.00 Add	litional	
	6. Name and Address of Curre	ent Registered Agent	_ _		7. Nam	e and Address of New R				
				Name						
	I JR, LOUIS		Street Address (P.O. Box Number is Not Acceptable)							
	NCE DE LEON BLVD., STE 305 GABLES FL 33146			<u> </u>						
				City			FL	Zip Code	a ,	
8. The above	named entity submits this statemen	t for the purpose of changing	its registere	ed office or reg	istered agent,	or both, in the State of Flo	orida.			
SIGNATURE	Signature, typed or printed name of registered as	ent and title if annicoble (N	IOTE: Registera	d Agent signature re	nuired when reinstati	no)	DATE			
	against , , , page of particular , and a second sec					, , , , , , , , , , , , , , , , , , ,				
		Make Check		FEE IS \$50. o Departme						
9.	MANAGING MEI	MBERS/MEMBERS	10.	170		ADDITIONS/				
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indicated	certify that the information supplied von this report is true and accurate a bility company or the receiver or trus	nd that my signature shall have	e the same	legal effect as	if made under	oath that I am a manag				

4/4/01 Date 305-667-7571 Daytime Phone #