

2002 UNIFORM BUSINESS REPORT (UBR)

50.00
000854

DOCUMENT # L00000011631

1. Entity Name

HOME & OVERSEAS, L.C.

FILED

02 MAY 10 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4675 PONCE DE LEON BLVD., STE 305
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD., STE 305
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1041035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

410

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON JR, LOUIS
4675 PONCE DE LEON BLVD., STE 305
CORAL GABLES FL 33146

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

400005502324--2
-05/10/02--01031--009
****450.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P/M ☐ Delete
NAME POWELL, JOHN H
STREET ADDRESS 4675 PONCE DE LEON BLVD., #305
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~C/M~~ ☒ Delete
NAME ~~FULLERTON, DONNA MARIE~~
STREET ADDRESS ~~220 EAST 22ND STREET, SUITE 2-F~~
CITY-ST-ZIP ~~NEW YORK NY 10010~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/M ☐ Delete
NAME STINSON, LOUIS JR
STREET ADDRESS 4675 PONCE DE LEON BLVD., #305
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME ~~STINSON, T.A.~~
STREET ADDRESS 4675 PONCE DE LEON BLVD., #305
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME AS
STREET ADDRESS SKINNER, T.A.
CITY-ST-ZIP 4675 Ponce de Leon Blvd #305
Coral Gables, FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE SECURED**

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

Date

Daytime Phone #

3/25/02

305-667-7571

CR2E083 (9/01)