

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002011

1. Entity Name

HOMETOWN REALTORS, L.C.

Principal Place of Business

2500 WESTON RD., STE. 105  
FT LAUDERDALE FL 33331

Mailing Address

2500 WESTON RD., STE. 105  
FT LAUDERDALE FL 33331

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

65-1092941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEFELER, GEORGE ESQ.  
80 S.W. 8TH ST., STE. 3100  
MIAMI FL 33130

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Managing Member	Douglas A. Briceno	2535 Royal Palm Way	Weston, FL 33327				
Managing Member	Ines C. Briceno	2535 Royal Palm Way	Weston, FL 33327				

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 REQUIRED**

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

D7-10-02

Date

Daytime Phone #

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90138 013 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)