

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 016 \*\*\*\*50.00

DOCUMENT # 601000006135

1. Entity Name

HOMA DISTRIBUTORS, LC

**DO NOT WRITE IN THIS SPACE**

**958335**

2. Principal Place of Business

260 N. Biscayne Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY BISCAYNE FL

4. FEI Number

65-1100319

Applied For

Not Applicable

Zip

Country

Zip

Country

33145

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

RAUL J. SANCHEZ D S UPA-JP

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

115 MADRID AVE.

STE 310

City

COBAN GARCIA

**FL**

Zip Code

33127

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

Honica De Gomes

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State.**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HGR  
HANRICIA GOMES  
260 N. BISCAYNE BLVD  
KEY BISCAYNE, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HGR  
MADRID TRUSTING  
260 N. BISCAYNE BLVD  
KEY BISCAYNE, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Honica De Gomes

04/30/02.

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

Date

Daytime Phone #

CR2E083B (12/01)