2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90688 043 ****50.00

DOCUMENT # L02000012195

1. Entity Name
HOMECENTRAL, LLC

Principal Place of Business
1720 NW N. RIVER DR., APT. 306
MIAMI, FL 33125

Mailing Address
1720 NW N. RIVER DR., APT. 306
MIAMI, FL 33125

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 2250 NW 96 AVENUE
Suite, Apt. #, etc.: 202
City & State: MIAMI FLORIDA
Zip: 33172
Country: MIAMI-DADE

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number: 75-3064525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ESPARZA, JOSE J
~~1720 NW N. RIVER DR., APT. 306~~
~~MIAMI, FL 33125~~
2501 S. DOUGLAS RD
#606
MIAMI FL 33133

7. Name and Address of New Registered Agent
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	ESPARZA, JOSE J	
STREET ADDRESS	1720 NW N. RIVER DR., APT. 306	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR/PD	☒ Change ☐ Addition
NAME	ESPARZA, JOSE J	
STREET ADDRESS	2250 NW 96 AVE SUITE 202	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP/TR	☐ Change ☒ Addition
NAME	DAFNE NUNEZ	
STREET ADDRESS	2250 NW 96 AVE SUITE 202	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

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: DAFNE NUNEZ 2/17/03 305 599.3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #