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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2250 NW 96 Avenue	SAME
Suite, Apt. #, etc. 202	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State
Zip 33172 Country MIAMI-DADE	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	7. Name and Address of New Registered Agent
ESPARZA, JOSE J ~~1720 NW N. RIVER DR., APT. 306~~ ~~MIAMI, FL 33125~~ 2501 S. DOUGLAS RD #606 MIAMI FL 33133	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		10. ADDITIONS/CHANGES	
TITLE MGR NAME ESPARZA, JOSE J STREET ADDRESS 1720 NW N. RIVER DR., APT. 306 CITY-ST-ZIP MIAMI, FL 33125	☐ Delete	TITLE MGR/PD NAME ESPARZA, JOSE J STREET ADDRESS 2250 NW 96 AVE SUITE 202 CITY-ST-ZIP MIAMI FL 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VP/TR NAME DAFNE NUNEZ STREET ADDRESS 2250 NW 96 AVE SUITE 202 CITY-ST-ZIP MIAMI FL 33172	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 #