2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L77980** Feb 03, 2000 8:00 am **Secretary of State** HOME SWEET HOMES REAL ESTATE SERVICES, INC. 02-03-2000 90027 029 ***150.00 Principal Place of Business Mailing Address 6130 VAN BUREN 6130 VAN BUREN HOLLYWOOD FL 33023-8326 HOLLYWOOD FL 33023-1316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0203586 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAUNDERS, TERRENCE V. Street Address (P.O. Box Number is Not Acceptable) 6130 VAN BUREN HOLLYWOOD FL 33023-8326 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE Delete SAUNDERS, TERRENCE, V NAME NAME STREET ADDRESS STREET ADDRESS 1600 N 28 COURT CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change ☐ Addition Delete TITLE TITLE NAME SAUNDERS, KAREN A STREET ADDRESS STREET ADDRESS 1620 N 28 CT CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Delete TITLE MURIUO, SheriseL. 1600 N 28 Ct. Hollywood Fl 33020 HURILLO, SAUNDERS --- - == NAME NAME · -STREET ADDRESS STREET ADDRESS 1600 N28 CY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

MOUNT SAUNDERS SIGNATURE AND SPECIAL SAUNDERS

1-4-00

954 983 0162

Daytime Phone #