

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003427**

1. Entity Name

HOME WORKS RESIDENTIAL SERVICES, L.L.C.

Principal Place of Business

2319 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33311

Mailing Address

2319 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33311-3924

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:35

nf 3/22/00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

ROYALE MANAGEMENT SERVICES, INC.
2319 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33311

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PALAZZO, STEPHEN
8400 NW 47 PLACE
LAUDERHILL FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003189037--2
-03/30/00--01003--005
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SPAULDING-PALAZZO, LAURA
8400 NW 47 PLACE
LAUDERHILL FL 33351 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

STEPHEN PALAZZO

Date

Daytime Phone #

954-741-4564

3-13-00