

2001 UNIFORM BUSINESS REPORT (UBR)

0013031 AF

DOCUMENT # L99000008761

1. Entity Name
HOMETOWN REALTY OF BROWARD II, L.C.

FILED

42 2/6

01 JAN 30 PM 2:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2500 WESTON ROAD, STE 105
FORT LAUDERDALE FL 33327

Mailing Address
2500 WESTON ROAD, STE 105
FORT LAUDERDALE FL 33327



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 65-0969635

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

BEFELER, GEORGE
80 S.W. 8TH STREET, STE. 3100
MIAMI FL 33131

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
BRICENO, DOUGLAS
2500 WESTON ROAD, STE 105
FORT LAUDERDALE FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KOSNOFF, MEL
2500 WESTON ROAD, STE 105
FORT LAUDERDALE FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800003662998--0
-02/09/01--01022--018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MACHADO, JESUS
2500 WESTON ROAD, STE 105
FORT LAUDERDALE FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mel Kosnoff

1/12/01

954-384-6803

CR2E083 (11/00)