

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006800

1. Entity Name

HOMESTEAD BMX, INC.

Principal Place of Business

350 SE 6TH AVE
HOMESTEAD FL 33030

Mailing Address

% DAVID HILLARD
35250 S.W. 177 COURT. #122
FLORIDA CITY FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903633

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLARD, DAVID M
35250 S.W. 177 COURT, #122
FLORIDA CITY FL 33034

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HILLARD, DAVID M
STREET ADDRESS 35250 S.W. 177 COURT, #122
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE S/D ☐ Change ☒ Addition
NAME Ramona Vazquez
STREET ADDRESS 15557 SW 123 RD AVE.
CITY-ST-ZIP Miami FL 33177

TITLE TSD ☐ Delete
NAME COLEMAN, CATHLEEN
STREET ADDRESS 28935 MAINE ROAD
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE T/D ☒ Change ☐ Addition
NAME Coleman, Cathleen
STREET ADDRESS 28935 Maine Rd.
CITY-ST-ZIP Homestead FL 33033

TITLE VD ☐ Delete
NAME COLEMAN, JAMES
STREET ADDRESS 28935 MAINE ROAD
CITY-ST-ZIP HOMESTEAD FL 33033

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

TITLE D ☐ Delete
NAME HILLARD, JEANINE
STREET ADDRESS 35250 S.W. 177 COURT, #122
CITY-ST-ZIP FLORIDA CITY FL 33034

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

TITLE D ☐ Delete
NAME KENNEDY-ALLEN, SUSAN
STREET ADDRESS 35250 S.W. 177 COURT, #122 106
CITY-ST-ZIP FLORIDA CITY FL 33034

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

TITLE D ☐ Delete
NAME GORDON, ELAINE
STREET ADDRESS 25350 S.W. 177 COURT, #122 180
CITY-ST-ZIP FLORIDA CITY FL 33034

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David M Hillard 4-26-01 3052462413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)