

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90017 049 ****70.00

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

4. FEI Number

65-0903633

Applied For

Not Applicable

Zip

Country

Zip

Country

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 123RD 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* **David M Hillard** 4-26-01 3052462413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)