

2002 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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David M Hillard

DAVID Hillard

9-6-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

After September 13, 2002,
min. will be \$236.25.

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

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

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

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

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

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

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

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

TITLE D
NAME KENNEDY-ALLEN, SUSAN
STREET ADDRESS 35250 SW 177 COURT 106
CITY-ST-ZIP FLORIDA CITY FL 33034 ☐ Delete

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

TITLE D
NAME GORDON, ELAINE
STREET ADDRESS 25350 SW 177 COURT 180
CITY-ST-ZIP FLORIDA CITY FL 33034 ☐ Delete

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

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

9-6-02 305246 2413



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0903633 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E037 (4/02)