

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001103

1. Entity Name  
HOME CENTER INTERNATIONAL CORP.

Principal Place of Business  
16921 NORTHWEST 57TH AVENUE  
MIAMI FL 33055

Mailing Address  
POST OFFICE BOX 248816  
CORAL GABLES FL 33124

2. Principal Place of Business

3. Mailing Address

P.O. BOX 172973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

4. FEI Number

65-0970598

Applied For

Not Applicable

Zip

Country

Zip  
33017

Country

USA

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name  
Marlene Montenegro Toirac

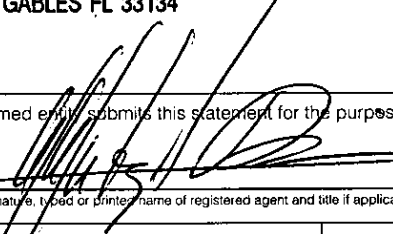
Street Address (P.O. Box Number is Not Acceptable)  
6800 Bird Road, #331

City  
Miami

FL

Zip Code  
33155

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.

Marlene Montenegro Toirac

2/6/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

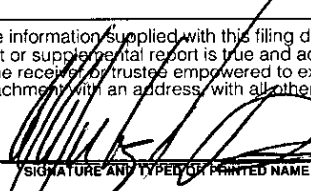
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MONTENEGRO-TOIRAC, MARLENE 16921 NORTHWEST 57TH AVENUE MIAMI FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

 Marlene Montenegro Toirac

2/6/01

Date

Daytime Phone #

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90040 034 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)