2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P0000001103

Name:

Address: City-St-Zip: RIVERA, IRMA

P.O. BOX 248816

CORAL GABLES, FL 33124

Entity Name: HOME CENTER INTERNATIONAL CORP

FILED Apr 30, 2003 Secretary of State

•					
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
16921 NOI MIAMI, FL	RTHWEST 57 33055	TH AVENUE			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
POST OFFICE BOX 1792973 HIALEAH, FL 33017			POST OFFICE BOX HIALEAH, FL 33017	POST OFFICE BOX 172973 HIALEAH, FL 33017	
FEI Number:	65-0970598	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
DUBOIS, LIBI 5445 COLLINS AVE STE 1026 MIAMI BEACH, FL 33140 US				16921 N.W. 57 AVENUE	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/30/2003	
	Electror	ic Signature of Registered Age	ent	Date	
	npaign Financin	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DUBOIS, LIBI P.O. BOX 2488 CORAL GABLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARLENE MONTENEGRO-TOIRAC P 04/30/2003