

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90411 028 \*\*\*150.00

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**DOCUMENT # P00000032883**

1. Entity Name  
**HOME ADVISORS, INC.**



Principal Place of Business  
**7800 W. OAKLAND PARK BLVD.  
C-107  
SUNRISE FL 33321  
33351**

Mailing Address  
**P.O. BOX 267686  
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
**33351**

Country

Zip

**33351**

Country

4. FEI Number  
**65-1005372**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOULE, JAMES L ESQ.  
7515 W. OAKLAND PARK BLVD.  
SUITE 100  
FT. LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name **ROGER P. CABRERA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7800 W. OAKLAND PARK BLVD. C-107**  
City **SUNRISE** FL Zip Code **33351**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CABRERA, ROGER A</b>	
STREET ADDRESS	<b>7800 W. OAKLAND PARK BLVD., C-107</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33321</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOULE, JAMES L</b>	
STREET ADDRESS	<b>7515 W OAKLAND PARK BLVD., #100</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33319</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROGER P. CABRERA</b>	
STREET ADDRESS	<b>7800 W. OAKLAND PARK BLVD. C-107</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROGER P. CABRERA, Secretary**

**4/24/03**

Date

**954-349-7154**

Daytime Phone #

CR2E034 (10/02)