

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
May 30, 2001 8:00 am
Secretary of State

05-01-2001 90090 027 ***150.00

DOCUMENT # P00000069800

1. Entity Name

HOMESTEAD MEDICAL RESEARCH, INC.

Principal Place of Business

Mailing Address

**100 N.W. 37TH AVENUE
 SUITE 500
 MIAMI FL 33125**

**100 N.W. 37TH AVENUE
 SUITE 500
 MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

11880 BIRD ROAD

11880 BIRD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 207

SUITE 207

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33175

33175

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALONSO, JULIO C ESQ.
 100 N.W. 37TH AVENUE
 SUITE 500
 MIAMI FL 33125**

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 constituting)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALONSO, JULIO C ESQ.	
STREET ADDRESS	100 N.W. 37TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33125	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCESCO CABRERA	
STREET ADDRESS	11880 Bird Road, Suite 207	
CITY-ST-ZIP	Miami, FL 33175	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francesco Cabrera, Pres.

DATE

Daytime Phone #

4/23/01 305-229-3848

CR2E034 (10/00)