FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90149 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077337

1. Entity Name
Homaysi Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
435 NE 23 ST	435 NE 23 ST
Suite, Apt. #, etc #601	Suite, Apt. #, etc #601
City & State Miami FL	City & State Miami FL
Zip 33137 Country Miami-Dade	Zip 33137 Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1037077
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Diego F Orozco

Street Address (P.O. Box Number is Not Acceptable):
435 NE 23 ST
#601

City: Miami FL Zip Code: 33137

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: Dr. Orozco 4/25/02
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD Diego F Orozco 435 NE 23 ST #601 Miami FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jaurez G Naranjo 435 NE 23 ST #601 Miami FL 33137
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Orozco 4/25/02 (305) 438-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #