

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 000 00092145

1. Entity Name

HOMES ON THE ROCK CORP.

Principal Place of Business
REALTY
DBA/LIBERTY INVESTMENT
4418 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313
U.S.

Mailing Address

SAME
BLVD.
4418 W. OAKLAND PARK
LAUDERDALE LAKES
FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1044 925

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIANA TEDJADINATA
4418 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

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 Financial
Trust Fund Contribution.

\$5.00 Max. Fee
Added to Filing

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LIANA TEDJADINATA
4418 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HARI B. WIDJAJA
4418 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 the information is true and accurate 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 on the report as required, 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

3/8/01

954-760-2719

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90030 030 ***150.00

DO NOT WRITE IN THIS SPACE