

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90579 001 ***300.00

CR2E034 (5/01)

DOCUMENT # P00000097503

1. Entity Name
HOMEXCHANGE, INC.

Principal Place of Business

**4095 SW 67TH AVE
 MIAMI FL 33155**

Mailing Address

**4095 SW 67TH AVE
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

12763 SW 280 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

33032

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FACUSEH, ELI
 4095 SW 67TH AVE
 MIAMI FL 33155**

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 reinstating) 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD FACUSEH, ELI**
 STREET ADDRESS **4095 SW 67TH AVE**
 CITY-ST-ZIP **MIAMI FL 33155**

☒ Change ☐ Addition
 TITLE **12763 SW 280 ST**
 NAME **Miami, FL**
 STREET ADDRESS **33032**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD SUAREZ, JAY**
 STREET ADDRESS **4095 SW 67TH AVE**
 CITY-ST-ZIP **MIAMI FL 33155**

☒ Change ☐ Addition
 TITLE **12763 SW 280 ST**
 NAME **Miami, FL**
 STREET ADDRESS **33032**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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☐ Change ☐ Addition
 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 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

Date

Daytime Phone #

3/1/02