2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100619

1. Entity Name

HOME MAX PROPERTY, INC.

Principal Place of Business	Mailing Address
~~16214 S.W. 36TH DRIVE~~ ~~MIRAMAR FL 33027~~	~~16214 S.W. 36TH DRIVE~~ ~~MIRAMAR FL 33027~~

2. Principal Place of Business	3. Mailing Address		
16218 N.W. 83RD PLACE	16218 N.W. 83RD PLACE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State MIAMI	City & State MIAMI	4. FEI Number 65-1050723	Applied For / Not Applicable
Zip 33016	Country U.S.	Zip 33016	Country U.S.

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
VILLALBA, FRANCESCO ~~16214 S.W. 36TH DRIVE~~ ~~MIRAMAR FL 33027~~	Name Street Address (P.O. Box Number is Not Acceptable) 16218 N.W. 83RD PLACE City MIAMI FL Zip Code 33016

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 $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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME VILLALBA, FRANCESCO STREET ADDRESS ~~16214 S.W. 36TH DRIVE~~ CITY-ST-ZIP ~~MIRAMAR FL 33027~~		☐ Delete	TITLE NAME STREET ADDRESS 16218 N.W. 83RD PLACE CITY-ST-ZIP MIAMI, FL 33016		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _FRANCESCO VILLALBA_   4/20/01 55-216-661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #