

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90124 022 ***150.00

DOCUMENT # P01000055034

1. Entity Name
RAD HOMEVIEW REALTY & INVESTMENTS, INC.

Principal Place of Business Mailing Address
6299 W. SUNRISE BLVD., SUITE 202 **6299 W. SUNRISE BLVD., SUITE 202**
SUNRISE FL 33313 **SUNRISE FL 33313**



2. Principal Place of Business 3. Mailing Address
6299 W. SUNRISE BLVD. **6299 W. SUNRISE BLVD. SUITE 210**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 210

City & State City & State
SUNRISE FLORIDA **SUNRISE FLORIDA**

Zip Country Zip Country
33313 U.S.A **33313 U.S.A**

4. FEI Number Applied For
65-1106856 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GRANT, LEIGHTON
6299 W. SUNRISE BLVD., SUITE 202
SUNRISE FL 33313

7. Name and Address of New Registered Agent
 Name **LEIGHTON GRANT**
 Street Address (P.O. Box Number is Not Acceptable)
6299 W. SUNRISE BLVD
SUITE 210
 City **SUNRISE** **FL** Zip Code **33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$650.00~~
After September 13, 2002 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	
TITLE D <input type="checkbox"/> Delete	
NAME GRANT, LEIGHTON	
STREET ADDRESS 6299 W. SUNRISE BLVD., SUITE 202	
CITY-ST-ZIP SUNRISE 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 IN 11	
TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LEIGHTON GRANT	
STREET ADDRESS 6299 W. SUNRISE BLVD SUITE 210	
CITY-ST-ZIP SUNRISE 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	

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: Leighton Grant **LEIGHTON GRANT** 8/13/02 954-587-6749
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

Homeview Realty, Inc.

PO1000055034

Division of Corporation
Uniform Business Report Filings
P.O Box 1500
Tallahassee FL 32302-1500

August 13, 2002

Dear Sir / Madam,

Please note that Homeview Realty, Inc. did not receive prior notice about the Uniform Business report nor the appropriate fees. I was not aware of this until I received this current document. I hereby request that the late fees be waived.

Thank you for your consideration.

Your Sincerely,

Leighton Grant

Leighton Grant
Director

6299 W. Sunrise Blvd, Suite 210 , Sunrise , Florida 33313

Tel : 954-587-6749 Fax: 954-587-6560

WWW.HOMEVIEWBROWARD.COM