

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90633 005 ***150.00

DOCUMENT # P01000060821

1. Entity Name
HOME MARKET, INC.



Principal Place of Business
7370 NW 36TH ST 415 - B
MIAMI FL 33166

Mailing Address
7370 NW 36TH ST 415 - B
SUITE 304
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SERNO, DANIEL J
7370 NW 36TH ST
STE 415-B
MIAMI FL 33166

Name

SERINO, DANIEL J.

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

7370 N.W. 36st. Suite 415-B

City

MIAMI

FL

Zip Code

33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election: Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME SERINO, DANIEL J.
STREET ADDRESS 10885 NW 50TH STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE PSD
NAME SERINO, DANIEL J.
STREET ADDRESS 7370 NW 36 ST SUITE 415-B
CITY-ST-ZIP MIAMI, FL. 33166

TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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 #

Jan 30-03

305-468-9399

CR2E034 (10/02)