

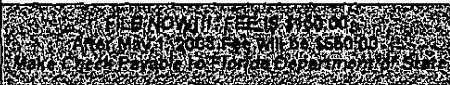
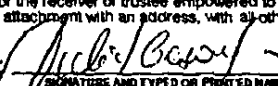
FILED
Jun 04, 2003 8:00 am
Secretary of State

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05-06-2003 90049 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55046330

DOCUMENT # P02000037566					
1. Entity Name HOME REMODELING GROUP CORPORATION					
Principal Place of Business 1431 BLUE JAY CIRCLE WESTON, FL 33327		Mailing Address 1431 BLUE JAY CIRCLE WESTON, FL 33327			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0578078	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FURMAN, ABI 1431 BLUE JAY CIRCLE WESTON, FL 33327				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when submitting.)					
				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	PD	☐ Delete		TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	BROCHERO, JULIO C			NAME	
STREET ADDRESS	8620 SW 133 AVENUE APT 111			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	
TITLE	DV	☐ Delete		TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	FURMAN, ABI			NAME	
STREET ADDRESS	1431 BLUE JAY CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33327			CITY-ST-ZIP	
TITLE	DIRECTOR	☐ Delete		TITLE	☐ Change ☒ Addition
NAME	FURMAN, ABIE			NAME	
STREET ADDRESS	12700 COUNTRYSIDE TERR			STREET ADDRESS	
CITY-ST-ZIP	cooper city FL 33330			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 				4-27-03 305-548-0795	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	