

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-01-2003 90132 023 ***150.00

DOCUMENT # P02000052680

1. Entity Name

HOMESTEAD MARKET CENTER, INC.



4360

Principal Place of Business
1696 NE MIAMI GARDENS DR 2ND FL
N MIAMI BCH FL 33179

Mailing Address
1696 NE MIAMI GARDENS DR 2ND FL
N MIAMI BCH FL 33179

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02 0602006

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BLVD STE 301
AVENTURA FL 33180

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARCUS, ALAN J
20803 BISCAYNE BLVD STE 301
AVENTURA FL 33180 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
Katzman, Chaim
1696 NE Miami Gardens Drive, Ste 200
North Miami Beach, FL 33179 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Valero, Doron
1696 NE Miami Gardens Drive, Ste. 200
North Miami Beach, FL 33179 ☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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 filers empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-30-03

305 672-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doron Valero, President

Date

Daytime Phone #

CR2E034 (10/02)