

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90081 036 ***150.00

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DOCUMENT # P02000111013

1. Entity Name

HOMESALES REALTY CORP.



Principal Place of Business

**9900 W SAMPLE RD STE 203
CORAL SPRINGS FL 33065**

Mailing Address

**9900 W SAMPLE RD STE 203
CORAL SPRINGS FL 33065**

2. Principal Place of Business

9900 W. Sample Rd.

3. Mailing Address

9900 W. Sample Rd.

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

U.S.A.

Zip

33065

Country

U.S.A.

4. FEI Number

05-0545826

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

**ASHENFARB, RICHARD H
9900 W SAMPLE RD STE 203
CORAL SPRINGS FL 33065**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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

TITLE **D PRESIDENT** ☐ Delete
NAME **ASHENFARB, RICHARD H**
STREET ADDRESS **9900 W SAMPLE RD STE 203**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED BY Richard AshenfARB (954) 255-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

80141465
PO2000111013

HOMESALES REALTY CORP.
9900 WEST SAMPLE ROAD
SUITE 203
CORAL SPRINGS, FLORIDA 33065

August 22, 2003

Florida Department of State
Jim Smith
Secretary of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

REFERENCE: Homesales Realty Corp.

Dear Sir:

Please be advised that I did not receive any notices or forms that relate to the filing of the annual report for the above named corporation. The first notice or form that was received is the one that I am submitting.

Kindly accept my check in the amount of \$150.00 as and for the filing fee for the present year.

If you have any questions please contact me

Yours truly,



Richard H. Ashenfarb