2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

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P02000111013 **DOCUMENT #**

1. Entity Name

HOMESALES REALTY CORP.

Principal Place of Business 9900 W SAMPLE RD STE 203 CORAL SPRINGS FL 33065

2. Principal Place of Business

Mailing Address

3, Mailing Address

9900 W SAMPLE RD STE 203 CORAL SPRINGS FL 33065

9900 1	D. Sample Rd.	19900 W. S	sample 19	A -					
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Cora Cora		Coval Spr	infp, FL	4. FEI Number 5	-0545826	Ap No	plied For t Applicable		
33065	Country S. A.	33065	Country U,S-A	5. Certificate of St	tatus Desired	\$8.75 Add ee Required			
Name and Address of Current Registered Agent				7. Name and Add	7. Name and Address of New Registered Agent				
ي ي ي ما موجود			Name -	Name					
ASHENFARB, RICHARD H			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
9900 W SAMPLE RD STE 203									
CORAL S	PRINGS FL 33065								
-		•	City		FL	Zip Code			
	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a	·	s registered office or re		the State of Florida. I am fa	amiliar with,	and accept		
		The line is appropriate to the control of the contr	- Hagistard Again agricular	- I I I I I I I I I I I I I I I I I I I					
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750. k Payable to Florida Department of				n Campaign Financing und Contribution.		0 May Be to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTORS	S IN 11		
TITLE	D PRESIDENT	□ Delete	TITLE			Change	Addition		
NAME	ASHENFARB, RICHARD H	— ••••	NAME						
STREET ADDRESS	9900 W SAMPLE RD STE 203		STREET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE /			Change	Addition		
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12. Thereby 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 true 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 attachmen with

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

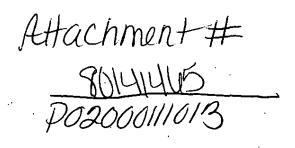
STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition



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

August 22, 2003

Fiorida 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