

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90116 026 ***150.00

DOCUMENT # P02000129609

1. Entity Name

HOMEFIRST REALTY GROUP INC.



Principal Place of Business
8087 CANYON LAKE CIRCLE
ORLANDO FL 32835
US

Mailing Address
2457A. SO. HIAWASSEE RD
280
ORLANDO FL 32835
US

2. Principal Place of Business

1825 Main Street

Suite, Apt. #, etc.

201

3. Mailing Address

Suite, Apt. #, etc.

City & State

Weston, FL 33326

City & State

Zip

33326

Country

USA

Zip

Country

4. FEI Number

42-1573501

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

CATONI, LUISA
8087 CANYON LAKE CIRCLE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name Claudio Gomez dela Vega

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

1825 Main Street

Suite 201

City

Weston, FL 33326 FL

Zip Code

33326

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

Claudio Gomez dela Vega (President)

3/17/03

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

TITLE NAME	<u>Claudio Gomez dela Vega</u> <input type="checkbox"/> Delete
STREET ADDRESS	<u>1825 Main Street #201</u>
CITY-ST-ZIP	<u>Weston, FL 33326</u> <u>President</u>
TITLE NAME	<u>Neslor Sanchez</u> <input type="checkbox"/> Delete
STREET ADDRESS	<u>2457 A. So. Hiawasse Rd #280</u>
CITY-ST-ZIP	<u>Orlando, FL 32835</u> <u>Vice President</u>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Neslor Sandoz

3/17/03 321-231-227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)