2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2002 8:00 am Secretary of State DOCUMENT # P93000082828 1. Entity Name RELATED HOMESTEAD, INC. 03-07-2002 90021 038 ***158.75 Principal Place of Business Mailing Address 2828 CORAL WAY 2828 CORAL WAY PH SUITE PH SUITE MIAMI FL 33145 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0453789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, ANGEL =Street:Address:(P:O#Box:Number:is:Not/Acceptable)== 2828 CORAL WAY **PENTOHOUSE** MIAMI FL 33145 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE **DPTS** ☐ Delete TITLE PEREZ, JORGE M NAME NAME 2828 CORAL WAY, PH SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME ROCHA, ROBERTO STREET ADDRESS 2828 CORAL WAY PH STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33145** Change Addition Delete TITLE TITLE **VPAS** HERNANDEZ, ANGEL A NAME NAME STREET ADDRESS 2828 CORAL WAY, PH STREET ADDRESS CITY-ST-ZIP-CITY_ST-ZIP MIAMI-FL-Delete Change Addition TITLE TITLE CHESNICK, ANDREW NAME NAME 2828 CORAL WAY, PENTHOUSE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL HERNANDEZ

Daytime Phone #