

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000048840**1. Entity Name
HOMEREALTY & INVESTMENTS CORP.

Principal Place of Business	Mailing Address
2701 E. OAKLAND PK BLVD	2701 E. OAKLAND PK BLVD
SUITE B	SUITE B
FORT LAUDERDALE FL	FORT LAUDERDALE FL
33306 US	33306 US

2. Principal Place of Business	3. Mailing Address
2855 UNIVERSITY DRIVE	2855 UNIVERSITY DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 200	SUITE 200

City & State	City & State
CORAL SPRINGS FL	CORAL SPRINGS FL

Zip	Country	Zip	Country
33065	US	33065	US

4. FEI Number
65-0501662
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**TILBROOK JAMES K**
188 NE 26TH STREET
STE. 223
FT. LAUDERDALE FL
33305 US**7. Name and Address of New Registered Agent**Name
RIES EDWARD O
Street Address (P.O. Box Number is Not Acceptable)
2855 UNIVERSITY DRIVE
200
City
CORAL SPRINGS FL Zip Code
33065

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 **EDWARD O. RIES****02/13/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAZSULY SUSAN J	
STREET ADDRESS	2855 UNIVERSITY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIES EDWARD O	
STREET ADDRESS	2855 UNIVERSITY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERA HENRY J	
STREET ADDRESS	2855 UNIVERSITY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **EDWARD O. RIES**

COO

02/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)