

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074918

1. Entity Name
HOMESTEAD PLUS REALTY, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90050 041 ***150.00

Principal Place of Business
2460 B NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33311

Mailing Address
2460 B NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33311

D0035860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7295 NW 53ST
Suite, Apt. #, etc.

3. Mailing Address
7295 NW 53ST
Suite, Apt. #, etc.

City & State
LAUDERHILL, FLORIDA
Zip 33319 Country BRUNSWICK

City & State
LAUDERHILL, FLORIDA
Zip 33319 Country

4. FEI Number 65-0526631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, PATRICK
2460 B NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33311

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/10/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BAILEY, PATRICK
STREET ADDRESS 7295 NW 53 ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33319

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/10/01 DAYTIME PHONE # 954-677-0744

CR2E034 (10/00)