FILED

## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P95000001095 1. Entity Name 04-02-2002 90894 002 \*\*\*150 00 HOME DEVELOPMENT CORP. OF SOUTH FLORIDA Principal Place of Business Mailing Address 101 WESTLAKE DR 101 WESTLAKE DR BOYNTON BCH FL 33436 BOYNTON BCH FL 33436 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0546180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEINBERG, ANDREW 101 W. LAKE DR. **BOYNTON BCH FL 33436** 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 . 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Addition TITLE Defete Steinberg, Andrew Road, Suite 100 STEINBERG, ANDREW NAME NAME STREET ADDRESS STREET ADDRESS 101 WESTLAKE DRIVE CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP M Change Addition TITLE □ Delete Pacocha, Stephen NAME BAROCHA, STEPHEN 15340 Joa STREET ADDRESS 101 WESTLAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 wit