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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Apr 30, 2003 8:00 am Secretary of State P95000001095 DOCUMENT # 04-30-2003 90068 007 ***150.00 1. Entity Name HOME DEVELOPMENT CORP. OF SOUTH FLORIDA Maring Address Principal Place of Business ~~~*U*44 15340 JOG ROAD 15340 JOG ROAD SUITE 100 SUITE 100 DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0546180 Not Applicable -Country -Country -\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEINBERG, ANDREW Street Address (P.O. Box Number is Not Acceptable) 15340 JOG ROAD ~ SUITE 100 **DELRAY BEACH FL 33446** Zip Code City 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 Signature, typed or printed name of registered agent and title if applica (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE NAME STÉINBERG, ANDREW NAME STREET ADDRESS 15340 JOG ROAD, SUITE 100 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33446** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STEPHEN PACOCHA NAME PACOCHA, STEPHEN NAME STREET ADDRESS 15340 JOG ROAD, SUITE 100 STREET ADDRESS CITY: ST-ZIP CITY ST-ZIP DELRAY BEACH FL 33446 Delete Change **X** Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trustge 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 additional statutes.

SIGNATURE: