## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P95000017393 **DOCUMENT #**

1. Entity Name



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90199 017 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184  CITY-ST-ZIP  NAME  AMADOR, ABEL  STREET ADDRESS CITY-ST-ZIP  NAME  HERNANDEZ, MARCARITA  TITLE  NAME  HERNANDEZ, MARCARITA  TORSAS SW 142 CT  NAME  STREET ADDRESS CITY-ST-ZIP  NAME  TITLE  NAME  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	HOMELAND INVESTM	ENT COMPANY					
Sultin, Apt. 4, etc.  Sultin, Apt. 4, etc.  City & State  State Address of Current Registered Agent  Normal  Toward Address of Current Registered Agent  Toward Addr	P.O. BOX 652137 MIAMI FL 33265-2137	PO E Miar	PO BOX 652137 MIAMI FL 33265-2137		-   		
City & State  Ci	2. Principal Place of Business	3. M	ailing Address		—{		
Let y & State	Suite, Apt. #, etc.	Su	ite, Apt. #, etc.		☐ CHECK HERF	IF MAKING CHANGE	۹
So. Postulary	City & State	Cit	y & State		4. FEI Number		
S. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent	Zip Co	ountry Zip	)	Country		□ \$8.75 A	dditional
HERNANDEZ, NILO A 10833 \$W 142ND CT MIAMI FL 33186  6. The district named bruity 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 displacement agent and into repostable. (NOTE Repaired Agent spinker required when averaging \$\)  SIGNATURE   Description for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the displacement agent and into repostable. (NOTE Repaired Agent spinker required when averaging \$\)  FILE_NOW!!! FEE' IS \$150.00	6. Name and	Address of Current Register	ed Agent			Fee Requi	red
Street Address (P.O. Box Number is Not Acceptable)		در يوس بيدارين الا بيسيادي الداجه		Name	· · · · · · · · · · · · · · · · · · ·	egistered Agent	<del></del>
City   FL   Zip Code	HERNANDEZ, NILO A 🚓 🖟				·	<u> </u>	
MAMIFL 33186  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, I am familiar with, and accept the dispations of registered agent.  SIGNALIFE  Signation, speed or significant name or registered agent and site it expitables. (INCTE. Registered Agent lignature required when sensitive)  After May 1, 2003 Fee will be 5550.00  TITLE  DP  OFFICERS AND DIFFECTORS  TITLE  DP  HERNANDEZ, NILO A  MAME  MAMA FL 33186  DIT: ST-2P  MAMA FL 33186  DVS  MAMA FL 33184  DVS  MAMA MANDOR, ABEL  SITERI ADDRESS  OTIV- ST-2P  MAMA FL 33184  DVS  MAMA MANDOR, ABEL  HERNANDEZ, MARCARITA  NAME  MAMA FL 33186  DT  MAMA FL 331	10833 SW 142ND CT			Street Address	(P.O. Box Number is Not Acceptable)		
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the displacement of pulser representations of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacement of pulser representations of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacement of pulser representations of registered agent, or both, in the State of Florida. I am familiar with, and accept representations of registered agent, or both, in the State of Florida. I am familiar with, and accept representations of registered agent, or both, in the State of Florida. I am familiar with, and accept representations of the displacement of State agent, or both, in the State of Florida. I am familiar with, and accept representations of the displacement of State agent, or both, in the State of Florida. I am familiar with, and accept representations of the displacement of State agent, or both, in the State of Florida. I am familiar with, and accept representations of the displacement of State agent, or both, in the State of Florida. I am familiar with, and accept representations of the displacement of State agent, or both, in the State of Florida. I am familiar with, and accept representations of the displacement of State agent, or both, in the State of Florida. I am familiar with, and accept representations of Floridation and the displacement of State agent, or both, in the State of Florida. I am familiar with, and accept representations of Floridation and the displacement of State agent, or both, in the State of Florida. I am familiar with, and accept representations of Floridation and the displacement of State agent, or both, in the State agent agent and it in a packedite.    FILE NOW!! FEE IS \$150.00		•			· · · · · · · · · · · · · · · · · · ·		
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 ch2ggiotins of registered agent.    SIGNATUFE	₹			City		<b>□</b> Zip Co	de
SIGNATURE   Signature, howed or regulate each appell and strip it applicable.   (NOTE, Regulational Agent signature inquired when releasisting)   DATE   FILE_NOW!!! FEE IS \$150.00   Addition	8. The above named entity subr	nits this statement for the purp	oose of changing its r	realistered office or realiste	ered agent or both in the State of Flor	FL	<del></del>
FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.E  MAME 10833 SW 142 CT  MIAMI FL 33186  TILE  DVS  AMADOR, ABEL 33184  TILE  DVS  AMADOR, ABEL 33184  TILE  DVS  AMAMOR, SILVA C  STREET ADDRESS  CITY-ST-ZIP  MIMI FL 33186  TILE  DVS  AMAMOR, SILVA C  STREET ADDRESS  CITY-ST-ZIP  MIMI FL 33186  TILE  DV S  AMAMOR, SILVA C  STREET ADDRESS  CITY-ST-ZIP  MIMI FL 33186  TILE  MAME  MAME	the of gations of registered a	igent.	55	agrational amod of registe	sted agent, or both, in the state of Flor	ida. Tam tamiliar with	, and accept
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After May 1, 2003 Fee will be \$55,00 May Be Make Check Payable to Florida Department of State  10.	Signature, typed or printe	d name of registered agent and title if app	olicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE	<del></del>
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zer. 219-2202