

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031403

1. Entity Name
HOMESTAR DEVELOPMENT CORPORATION

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90314 010 ***150.00

Principal Place of Business
**575 CRANDON BLVD.
APT. #709
KEY BISCAYNE FL 33149**

Mailing Address
**575 CRANDON BLVD.
APT. #709
KEY BISCAYNE FL 33149**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**104 CRANDON BLVD.
Suite, Apt. #, etc.
406
City & State
Key Biscayne, FL
Zip
33149-1562 Miami-Dade**

3. Mailing Address
**104 CRANDON BLVD.
Suite, Apt. #, etc.
406
City & State
Key Biscayne, FL
Zip
33149-1562 Miami-Dade**

4. FEI Number **65-0607275** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HIBBE, STEVEN H
501 BRICKELL KEY DRIVE, SUITE 400
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name **ERIC V. YANEZ-THIRE**
Street Address (P.O. Box Number is Not Acceptable)
575 CRANDON BLVD. # 505
City **Key Biscayne** FL Zip Code **33149**

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 (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 NAME STREET ADDRESS CITY-ST-ZIP	DPS THIRE, ERIC V. YANEZ 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CAPRILES-JAIMES, NATALI 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	575 CRANDON BLVD. # 505 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 24 2001** Daytime Phone # **(305) 3658139**

CR2E034 (10/00)