

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90273 048 \*\*\*150.00

**DOCUMENT # P95000056857**

1. Entity Name

**HOMSANY, INC.**

Principal Place of Business

**5850 NORTH EAST 21ST TERRACE  
 FT. LAUDERDALE FL 33308**

Mailing Address

**5850 NORTH EAST 21ST TERRACE  
 FT. LAUDERDALE FL 33308**

2. Principal Place of Business

**2501 SE 9th Street**  
 Suite, Apt. #, etc.

3. Mailing Address

**6278 N. Federal Hwy**  
 Suite, Apt. #, etc.  
**PMB# 382**

City & State

**Pompano Beach FL**

City & State

**Ft. Lauderdale FL**

4. FEI Number

**65-0599966**

Applied For

Not Applicable

Zip

**33062**

Country

**USA**

Zip

**33308**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STACER, FRED L  
 5850 NORTH EAST 21ST TERRACE  
 FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **Fred Stacer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2501 SE 8th Street**  
 City **Pompano Beach** **FL** Zip Code **33062**

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  **President Fred Stacer**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**1/26/01**  
 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 **D** ☐ Delete  
 NAME **STACER, FRED L**  
 STREET ADDRESS **5850 NORTH EAST 21ST TERRACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<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:  **President Fred Stacer** **1/24/01** **954-943-7827**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)