

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091305

Entity Name

HOMESTEAD CONSTRUCTION &amp; EQUIPMENT, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90148 034 \*\*\*150.00

Principal Place of Business	Mailing Address
0045 S.W. 124th Ave. Miami, Fla. 33186	10045 S.W. 124th Ave. Miami, Fla. 33186

Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number  
65-0633623Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**A0070023**

## 6. Name and Address of Current Registered Agent

MARIN, ANTONIO E.  
2100 Coral Way #303  
Miami, Florida 33145

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2000 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

## OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICER ADDRESS ST- ZIP	PD Encinosa, Ana Maria 10045 S.W. 124th Avenue Miami, Fla. 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER ADDRESS ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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OFFICER ADDRESS ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7/24/00 (305) 412-7793

Date

Daytime Phone #

CR2E034 (9/99)



## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 18, 2000

HOMESTEAD CONSTRUCTION & EQUIPMENT, INC.  
10045 S.W. 124TH AVE  
MIAMI, FL 33186SUBJECT: HOMESTEAD CONSTRUCTION & EQUIPMENT, INC.  
Ref. Number: P95000091305

Thank you for your letter of July 10, 2000, which has been forwarded to me for response.

Enclosed is a blank uniform business report. The fee to file is \$150.00.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 400A00039433