2002 Uniform Business Report (UBR)

changed, or on an attachment w

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P95000091562 1. Entity Name 04-02-2002 90145 050 ***150 00 HOME DEVELOPMENT CORP. OF SOUTH FLORIDA -Principal Place of Business Mailing Address 101 WESTLAKE DR. 101 WEST LAKE DR. BOYNTON BCH FL 33436 **BOYNTON BCH FL 33436** US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE viteloc 4. FEI Number Applied For 65-0652135 Not Applicable Florida Zip \$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 STEINBERG, ANDREW Street A 101 WEST LAKE DR. SUITE 102 **BOYNTÔN BCH FL 33436** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)Change Addition TITLE ☐ Delete TITLE STEINBERG, ANDREW NAME NAME STREET ADDRESS 101 WEST LAKE DR. STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE PACOCHA, STEPHEN NAME STREET ADDRESS STREET ADDRESS 101 WESTLAKE DRIVE **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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