

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052186

1. Entity Name

HOMA SUPPLIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90993 008 ***150.00

Principal Place of Business

1000 PONCE DE LEON
SUITE 305
CORAL GABLES FL 33134
US

Mailing Address

1000 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33134-3345
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0674605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES-LOVIO, JOSEFINA
1401 VERACRUZ LANE
FT. LAUDERDALE FL 33327

Name

REYES-LOVIO, JOSEFINA

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

12367 SW 140 ST

City

MIAMI

FL

Zip Code

33186

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

Josefina Reyes-Lovio

Josefina Reyes-Lovio, PD

04/25/2000

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME REYES-LOVIO, JOSEFINA
STREET ADDRESS 1401 VERACRUZ LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33327

TITLE President ☒ Change ☐ Addition
NAME REYES-LOVIO, JOSEFINA
STREET ADDRESS 12367 SW 140 ST
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Josefina Reyes-Lovio

Josefina Reyes-Lovio, PD

04/25/2000 (305) 4488627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #