

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081263

1. Entity Name

HOMETOWN DEVELOPMENT GROUP, INC.

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90205 019 \*\*\*150.00

Principal Place of Business	Mailing Address
16115 S.W. 117 AVENUE SUITE 17A MIAMI FL 33177	16115 S.W. 117 AVENUE SUITE 17A MIAMI FL 33177-1615

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0699531	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAVARRETE, FRANCISCO A 16115 S.W. 117 AVENUE SUITE 17A MIAMI FL 33177	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD NAVARRETE, FRANCISCO A 18443 S.W. 88 PLACE MIAMI FL 33157	
VD NUNEZ, ROBERTO 13895 SW 28 STREET MIAMI FL 33175	
S NUNEZ, ANDRES R 16115 S.W. 117 AVENUE MIAMI FL 33177	
TD NAVARRETE, JOSE E 12250 S.W. 198 STREET MIAMI FL 33177	

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 all other like empowered.

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034 (9/99)