

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003498

1. Entity Name

BREVARD HOME MART, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90010 001 ***158.75

Principal Place of Business

253 MERRITT SQUARE, STE. 753
MERRITT ISLAND FL 32952

Mailing Address

779 E MERRITT ISLAND CSWY
753
MERRITT ISLAND FL 32952-3516
US

2. Principal Place of Business

380-C Gus Hipp Blvd.

Suite, Apt. #, etc.

ROCKLEDGE

City & State

FLORIDA

Zip

32955

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3612150

NOT APPLICABLE

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

HAFIZI, HAMID

253 MERRITT SQUARE, STE. 753
MERRITT ISLAND FL 32952

Name

HAMID HAFIZI

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

779 E. MERRITT ISLAND CSWY. PMB 753

City

MERRITT ISLAND

FL

Zip Code

32952

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

1/24/00

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	D	<input type="checkbox"/> Delete
NAME	VILLANUEVA-HAFIZI, JERRI A	
STREET ADDRESS	253 MERRITT SQUARE, STE. 753	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	779 E. MERRITT ISLAND CSWY. PMB 753	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32952	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMID HAFIZI	
STREET ADDRESS	779 E. MERRITT ISLAND CSWY. PMB 753	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JERRI A. VILLANUEVA-HAFIZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRI A. VILLANUEVA-HAFIZI

321-454-7667

1/24/00

Date

Daytime Phone #

CR2E034 (9/99)