

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037656

Name

HOME BUILDERS AND REMODELERS, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90267 001 ***150.00

05-11-2000 90267 002 *****8.75

Principal Place of Business

Mailing Address

5230 HOLLYWOOD BLVD., SUITE 610
HOLLYWOOD FL 332215230 HOLLYWOOD BLVD., SUITE 610
HOLLYWOOD FL 33021-6451

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0758027

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

Name

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

IGLESIAS, MICHAEL J
5230 HOLLYWOOD BLVD.
HOLLYWOOD FL 33221

NO CHANGES

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 State10. 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

ADDRESS
- ZIP
DP
IGLESIAS, MICHAEL J
5230 HOLLYWOOD BLVD., SUITE 610
HOLLYWOOD FL 33221
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionADDRESS
- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionADDRESS
- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionADDRESS
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionADDRESS
- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionADDRESS
- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionI 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:

MICHAEL J IGLESIAS REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-2000

(954) 987-2571

CR2E034 (9/99)