## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P97000037656 1. Entity Name UNION HOME BUILDERS AND REMODELERS, INC. 04-26-2001 90306 046 \*\*\*150.00 Principal Place of Business Mailing Address 5230 HOLLYWOOD BLVD., SUITE 610 5230 HOLLYWOOD BLVD., SUITE 610 HOLLYWOOD FL 33221 HOLLYWOOD FL 33221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0758027 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IGLESIAS, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 5230 HOLLYWOOD BLVD. HOLLYWOOD FL 33221 City 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 (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Change ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITLE IGLESIAS, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 5230 HOLLYWOOD BLVD., SUITE 610 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33221 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP= CITY-SI-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ACCRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**