

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041986

1. Entity Name

HOMEBUILDERS INVESTMENTS, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90024 040 ***150.00

Principal Place of Business

Mailing Address

7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5816

2. Principal Place of Business

7900 Miami Lakes Dr W.
Suite, Apt. #, etc.
Suite 100

3. Mailing Address

7900 Miami Lakes Dr, W
Suite, Apt. #, etc.
Suite 100

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

4. FEI Number 65-0752098

Applied For
Not Applicable

Zip 33016

Country USA

Zip 33016

Country USA

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

MEYER, THOMAS H
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

Name
BRAFFMAN, HOWARD J.
Street Address (P.O. Box Number is Not Acceptable)
7900 Miami Lakes Drive W., Suite 100
City Miami Lakes FL Zip Code 33016

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  Howard J. Braffman 4-25-00
Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MEYER, THOMAS H 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LINDA E BARROCAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CONCEPCION QUERALT 7900 MIAMI LKS DR W MIAMI LKS FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, BRIAN N 7900 MIAMI LKS DR W MIAMI LKS FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  2/25/00 (305) 820-3977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)