

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90306 011 ***150.00

DOCUMENT # P97000100848

1. Entity Name
HOME SALES, INC.Principal Place of Business
~~8950 SOUTHWEST 72ND STREET~~
~~SUITE 115~~
~~MIAMI FL 33173~~Mailing Address
~~8950 SOUTHWEST 72ND STREET~~
~~SUITE 115~~
~~MIAMI FL 33173~~2. Principal Place of Business
8900 S.W. 117th Ave.3. Mailing Address
8900 S.W. 117th Ave.Suite, Apt. #, etc.
Suite B-104Suite, Apt. #, etc.
Suite B-104City & State
Miami, FLCity & State
Miami, FLZip
33186Country
USAZip
33186Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0797501

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMEIDA, RODNEY

~~8950 SW 72 ST~~
~~SUITE 115~~
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
Rodney AlmeidaStreet Address (P.O. Box Number is Not Acceptable)
8900 S.W. 117th Ave.

Suite B-104

City
Miami

FL

Zip Code
33186

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

Rodney Almeida

3/4/02

Signature, typed or printed name of registered agent and title 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, 2002 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|---------------------------------------|---------------------------|---------------------------------|
| | PVST ALMEIDA, RODNEY | 8950 SOUTHWEST 72ND STREET | MIAMI FL 33173 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |

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|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |

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|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |

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|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------------------------|-----------------|--|
| | | 8900 S.W. 117th Ave. Suite B-104 | Miami, FL 33186 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
| | | | | <input type="checkbox"/> |

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 another like empowered.

SIGNATURE:

Rodney Almeida

3/4/02

305-596-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)