

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90131 026 ***150.00

0319063 AV

DOCUMENT # P97000100848

1. Entity Name
HOME SALES, INC.



Principal Place of Business
**8900 SW 117TH AVE
STE B-104
MIAMI FL 33186**

Mailing Address
**8900 SW 117TH AVE
STE B-104
MIAMI FL 33186**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0797501**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALMEIDA, RODNEY
SW 117TH AVE
STE B-104
MIAMI FL 33186**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PVST**
STREET ADDRESS **ALMEIDA, RODNEY**
CITY-ST-ZIP **8900 SW 117TH AVE STEB-104**
MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03

305-596-0060
Daytime Phone #

CR2E034 (10/02)

Attachment

90138605
~~#-P97000100848~~

6/2/03

TO WHOM IT MAY CONCERN, THIS IS REGARDING, MY ACCOUNT (FEI #) 65-0797501) SENT IN MY PAYMENT BUT I RECEIVED IT BACK IN THE MAIL BECAUSE IT WAS THE WRONG ADDRESS. I DON'T WHY BUT I CALLED YOUR OFFICE AND EXPLAIN WHAT HAPPEN TO ME AND THEY TOLD ME TO WRITE THIS LETTER SO THAT YOU WOULDN'T CHARGE ME FOR PASS DUE. PLEASE CALL ME IF THERE IS ANY PROBLEMS IF YOU SEE YOUR RECORDS I HAVE ALWAYS PAID IN TIME I DON'T LIKE TO BE LATE ON MY BILLS.

THANKS

LILY ALMEIDA (305)596-0060 (ext#213)