2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040846

1. Entity Name
THE HOME INVESTORS CORPORATION

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90987 009 ***150.00

Principal Place of Business
230-174TH STREET
SUITE #709
SUNNY ISLES, FL. 33160

Mailing Address
P.O. BOX 260248
PEMBROKE PINES, FL.
33026-7248

UUUJUIUU

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
230-174TH STREET	P.O. BOX 260248
Suite, Apt. #, etc. #709	Suite, Apt. #, etc.
City & State: SUNNY ISLES, FL.	City & State: PEMBROKE PINES, FL
Zip: 33160 Country: USA	Zip: 33026-7248 Country: USA

4. FEI Number: 65-0832597 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
PETER NOGRADI
230-174TH ST. #709
SUNNY ISLES, FL. 33160

7. Name and Address of New Registered Agent
Name: PETER NOGRADI
Street Address (P.O. Box Number is Not Acceptable): 230-174TH STREET
City: SUNNY ISLES FL Zip Code: 33160

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. 4-24-2001

SIGNATURE [signature] PETER NOGRADI, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4-24-2001

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, 2001 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	PRESIDENT, TREASURER PETER NOGRADI 230-174 ST. #709 SUNNY ISLES, FL. 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES., SECRETERY ODALYS NOGRADI 230-174TH ST. #709, SUNNY ISLES, FL. 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: [signature], AS PRESIDENT 4-24-2001 (954) 437-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #