

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046058

1. Entity Name

HOME ATTITUDES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90036 035 ***150.00

Principal Place of Business

2238 WESTON RD
WESTON FL 33326
US

Mailing Address

2238 WESTON RD
WESTON FL 33326
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0841817

Applied For

Not Applicable

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

GOMEZ, LEOPOLDO
245 SE 1ST STREET
#430
MIAMI FL 33131

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.

SIGNATURE

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, 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	DPS	<input checked="" type="checkbox"/> Delete
NAME	MATTSON, SANDRA PIA	
STREET ADDRESS	151 MAJORCA AVENUE, SUITE C	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	PEREIRO, MIRTHA	
STREET ADDRESS	2238 WESTON RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREIRO, MARIO	
STREET ADDRESS	2238 WESTON RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO PEREIRO 01-16-01

Date

Daytime Phone #

CR2E034 (10/00)