

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-14-2002 90067 001 ***150.00

DOCUMENT # P98000059066

1. Entity Name
HOME TOWN PROPERTY MANAGEMENT, INC.

Principal Place of Business

1304 SW 160TH AVE
STE 441
SUNRISE FL 33326

Mailing Address

1304 SW 160TH AVE
STE 441
SUNRISE FL 33326

2. Principal Place of Business

2800 Weston Rd

3. Mailing Address

PO Box 268270

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weston FL

City & State
Weston FL

4. FEI Number **65-0845901**

Applied For
Not Applicable

Zip **33331** **Country**

Zip **33326** **Country**

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

6. Name and Address of Current Registered Agent

CORREA, JOSE N
6801 N.W. 77 AVE. STE. 310-A
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **Legal Information Systems**
Street Address (P.O. Box Number is Not Acceptable) **1240 Weston Rd, Suite 300**
City **Weston** **FL** **Zip Code** **33326**

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 **Legal Information Systems**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

1/24/02
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	P	☐ Delete
NAME	MARTINEZ, IGANCIO A	
STREET ADDRESS	2505 EAGLE RUN DR.	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	V	☒ Delete
NAME	MARTINEZ, MARIA C	
STREET ADDRESS	302 LAKEVIEW DR #201	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	T	☒ Delete
NAME	CORREA, JOSE N	
STREET ADDRESS	833 SAVANNAH FALLS DR.	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: **Ignacio Martinez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 **(954) 385-2560**
Date Daytime Phone #

CR2E034 (9/01)