

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90067 037 \*\*\*150.00

**DOCUMENT # P99000001335**

1. Entity Name

**HOME SOLUTIONS REMODELING & INVESTMENT, CO.**

Principal Place of Business

Mailing Address

P.O. BOX 54-6996  
 SURFSIDE FL 33154-6996

P.O. BOX 54-6996  
 SURFSIDE FL 33154-6996

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 **65-0885013**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FONS, CLARA**  
**9381 E. BAY HARBOR DR.**  
**SUITE 401N**  
**BAY HARBOR ISLAND FL 33154**

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 \_\_\_\_\_ (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, 2000 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 PD  Delete  
 NAME FONS, MANUEL  
 STREET ADDRESS 9381 E. BAY HARBOR DR. SUITE 401N  
 CITY-ST-ZIP BAY HARBOR FL 33154

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 9700 E. BAY HARBOR DR #404  
 CITY-ST-ZIP BAY HARBOR, FL. 33154

TITLE VD  Delete  
 NAME FONS, CLARA  
 STREET ADDRESS 9381 E. BAY HARBOR DR. SUITE 401N  
 CITY-ST-ZIP BAY HARBOR FL 33154

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 9700 E BAY HARBOR DR #404  
 CITY-ST-ZIP BAY HARBOR, FL. 33154

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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TITLE  Delete  
 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: SIGNATURE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-06-00 305-8688561  
 Date Daytime Phone #

CR2E034 (9/99)