

2000 UNIFORM BUSINESS REPORT (UBR)

4/10

FILED
May 08, 2000 8:00 am
Secretary of State

04-10-2000 90013 044 ***150.00

DOCUMENT # P99000018670

1. Entity Name
HOMEWORKS AUTOMATION, INC.

Principal Place of Business 33 SE 8TH STREET #200 BOCA RATON FL 33432	Mailing Address 33 SE 8TH STREET #200 BOCA RATON FL 33432-6121
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 65-0709117	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LONDON, MARK S
 4030-C SHERIDAN STREET
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **MARK S. FELUREN**
 Street Address (P.O. Box Number is Not Acceptable)
**100 SE THIRD AVENUE
 SUITE 1500**
 City **FORT LAUDERDALE FL** Zip Code **33394**

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 **MARK S. FELUREN** DATE **1-12-00**

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BOTKNECHT, DAVID
STREET ADDRESS	33 SE 8TH STREET #200
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D <input type="checkbox"/> Delete
NAME	ROSENTHAL, AVI
STREET ADDRESS	33 SE 8TH STREET #200
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 an other like empowered.

SIGNATURE: DATE **1/13/00** DAYTIME PHONE # **561 347 9677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRET