

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90199 045 ***150.00

0095439 AV

DOCUMENT # P99000021697

1. Entity Name
HOMESIDE CORPORATION



Principal Place of Business
1525 S.W. 87TH AVENUE
MIAMI FL 33174

Mailing Address
1525 S.W. 87TH AVENUE
MIAMI FL 33174



2. Principal Place of Business

3. Mailing Address

~~Suite, Apt., etc.~~

~~Suite, Apt., etc.~~

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0926649**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SOMEILLAN, ALBERT
1525 S.W. 87TH AVENUE
MIAMI FL 33174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-03

FILE NOW!!! FEE IS \$150.00

~~After May 1, 2003 Fee will be \$550.00~~

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☐ Delete
NAME **SOMEILLAN, ALBERT**
STREET ADDRESS **400 SW 107 AVENUE, SUITE 402A**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1525 SW 87 Ave**
CITY-ST-ZIP **Miami FL 33174**

TITLE **D** ☐ Delete
NAME **SOMEILLAN, ALBERT**
STREET ADDRESS **400 SW 107 AVENUE, SUITE 402A**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1525 S.W 87 AV**
CITY-ST-ZIP **Miami FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

4-28-03

305-207

8510

CR2E034 (10/02)