

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED

Jun 01, 2000 8:00 am  
Secretary of State

05-05-2000 90092 020 \*\*\*150.00

DOCUMENT # P99000029745

1. Entity Name  
HOME INVESTMENT REALTY INC.

Principal Place of Business  
1400 N. SEMORAN BLVD  
SUITE H  
ORLANDO FL 32807

Mailing Address  
1400 N. SEMORAN BLVD  
SUITE H  
ORLANDO FL 32807-3562

2. Principal Place of Business  
9318 E. Colonial Dr.

3. Mailing Address  
9318 E. Colonial Dr.

Suite, Apt. #, etc.  
A-4

Suite, Apt. #, etc.  
A-4

City & State  
Orlando FL

City & State  
Orlando FL

Zip  
32817

Zip  
32817

Country  
U.S.A.

Country  
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3568137

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

CANCEL, LUIS A  
1400 N. SEMORAN BLVD  
SUITE H  
ORLANDO FL 32807

Name  
Cancel, Luis A.  
Street Address (P.O. Box Number is Not Acceptable)  
9318 E. Colonial Dr.  
Suite A-4  
City  
Orlando, FL  
Zip Code  
32817

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 Luis A. Cancel LUIS A. CANCEL 4/24/00  
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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	D CANCEL, LUIS A 1400 N. SEMORAN BLVD., SUITE H ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Luis A. Cancel LUIS CANCEL 4/24/00 407-207-3411  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)