

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030076

1. Entity Name
HOME AMERICA, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90030 027 ***550.00

Principal Place of Business
3390 N.E. 190TH STREET
AVENTURA FL 33180

Mailing Address
3390 N.E. 190TH STREET
AVENTURA FL 33180

2. Principal Place of Business
18753 Biscayne Blvd
Suite, Apt. #, etc.

3. Mailing Address
18753 Biscayne Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Aventura, Florida
Zip
33180
Country
USA

City & State
Aventura, Florida
Zip
33180
Country
USA

4. FEI Number
65-09-15997

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGELMAN, PHILLIP
3390 N.E. 190TH STREET
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Michael Colodny, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2000 W. Commercial Blvd
Suite 232
City Ft. Lauderdale FL Zip Code 33309

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 _____
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SPIEGELMAN, PHILIP	
STREET ADDRESS	3390 N.E. 190TH STREET	
CITY-ST-ZIP	AVENTURA FL 33180	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip J. Spiegelman	
STREET ADDRESS	18753 Biscayne Blvd	
CITY-ST-ZIP	Aventura Florida 33180	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig S. Studnicki	
STREET ADDRESS	18753 Biscayne Blvd	
CITY-ST-ZIP	Aventura, Florida 33180	
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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1034 15/001