

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000038697**

1. Entity Name  
**HOMES BY EMB, INC.**

Principal Place of Business  
**150 ALHAMBRA CIRCLE  
SUITE 1240  
CORAL GABLES FL 33134**

Mailing Address  
**150 ALHAMBRA CIRCLE  
SUITE 1240  
CORAL GABLES FL 33134**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

#### 6. Name and Address of Current Registered Agent

**FERNANDEZ, JORGE A  
150 ALHAMBRA CIRCLE  
SUITE 1240  
CORAL GABLES FL 33134**

4. FEI Number **65-0995143**  Applied For  
 Not Applicable

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

#### 7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERNANDEZ, JORGE A 150 ALHAMBRA CIRCLE SUITE 1240 CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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 empowerments.

SIGNATURE: **SCOTT M. REED** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/02*

Date

Daytime Phone #