2000 UNIFORM BUSINESS REPORT (UBR)

0596763

DOCUMENT # P99000044809

Entity Name

Homestead Bingo, Inc.

FILED

00 JUL -3 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11 S. Hampton Blvd. Homestead , Fl. 33030	211 S. Hampton Blvd. Homestead, Fl.33030

Principal Place of Business	3. Mailing Address
12777 SW 280th St.	12777 SW 280th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33030	Zip: 33030
Country	Country

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

chael H. Wolf
76 N.University Drive #300
antation, Fl. 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800003255548--2
-07/17/00--01145--009
****550.00 ****550.00

City: FL Zip Code

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	PD Ethel Schneider 211 S. Hampton Blvd. Homestead, Fl. 33030	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PD Ethel Schneider 4941 NW 177 St. Miami, Fl 33064 — [X] Change [ ] Addition
	SD Kathy Petakos 211 S. Hampton Blvd. Homestead, Fl. 33030	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: SD Cathy Petakos 10120 NW 6st. Pembroke Pines, Fl 33026 — [X] Change [ ] Addition
		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition
		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition
		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — LS [ ] Change [ ] Addition
		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition

CR2E034 (9.99)

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: Cathy Petakos, Sec. 6/26/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date