

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90179 019 ***150.00

DOCUMENT # P99000054844

1. Entity Name
HOME INTERNATIONAL, INC.

Principal Place of Business

7311 NW 12TH ST.
 #6
 MIAMI FL 33126

Mailing Address

7311 NW 12TH ST.
 #6
 MIAMI FL 33126

2. Principal Place of Business
 777 NW 72 Ave.

Suite, Apt. #, etc.
 3BB25

City & State
 Miami, FL

Zip Country
 33126 US

3. Mailing Address
 777 NW 72 Ave.

Suite, Apt. #, etc.
 3BB25

City & State
 Miami, FL

Zip Country
 33126 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0931474**

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

BIVAR, NORMANDO C JR
12600 SW 151 STREET
#118
MIAMI FL 33186

Name

Da Silveira, Joanna D.

Street Address (P.O. Box Number is Not Acceptable)
1580 NW 128 Dr.

202

City **Sunrise**

FL

Zip Code
33323

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.

Joanna D. Da Silveira

4/5/01

(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, 2001 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 BIVAR, NORMANDO C JR 12600 SW 151 STREET MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA SILVEIRA, JOANNA D 12600 SW 151 STREET MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MEDEIROS, CARLOS A RUA SETUBAL, 1346 APTD 601 51030-030 BOA VIAGEM, RECIFE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MEDEIROS, JACILENE C RUA SETUBAL, 1346 APTD 601 51030-030 BOA VIAGEM, RECIFE	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Da Silveira, Joanna D. 1580 NW 128 Dr. # 202 Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Joanna D. Da Silveira 4/5/01 (305)267-8201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)