

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063031

1. Entity Name

HOMETOWN INTERIORS INC.

Principal Place of Business

2505 EAGLE RUN DR.  
WESTON FL 33327

Mailing Address

2505 EAGLE RUN DR.  
WESTON FL 33327

2. Principal Place of Business

3. Mailing Address

4428 Magnolia Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston FL

4. FEI Number

65-0949178

Applied For

Not Applicable

Zip

Country

Zip

33331

Country

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

CORREA, JOSE N  
J.D. ACCOUNTING & TAX SERVICES  
6801 NW 77TH AVE., STE. 310-A  
MIAMI FL 33168

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BARRIOS, BARBARA  
CITY-ST-ZIP 2505 EAGLE RUN DR.  
WESTON FL 33327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS MARTINEZ, IGNACIO  
CITY-ST-ZIP 2505 EAGLE RUN DR.  
WESTON FL 33327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
0000003414380-0  
-10/05/00-01020-025  
\*\*\*\$550.00 \*\*\*\$550.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KE

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep - 20 - 00

Date

Daytime Phone #

(954)217-1207

CR2E034 (5/00)