

2000 UNIFORM BUSINESS REPORT (UBR)

03-20-2001 90042 045 ***900.00
P99000070133

DOCUMENT # P99000070133

1. Entity Name

HOMESTEAD GARDENS INCORPORATED

Principal Place of Business

999 BRICKELL AVENUE, NINTH FLOOR
MIAMI FL 33131

Mailing Address

999 BRICKELL AVENUE, NINTH FLOOR
MIAMI FL 33131

2. Principal Place of Business

3250 MARY STREET

Suite, Apt. #, etc.

SUITE 308

City & State

MIAMI, FL

Zip

33133

Country

USA

3. Mailing Address

3250 MARY STREET

Suite, Apt. #, etc.

SUITE 308

City & State

MIAMI, FL

Zip

33133

Country

USA

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0965448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRONIG, STEVEN C ESQ.
407 COURVOISER CENTRE
501 BRICKELL KEY DRIVE
MIAMI FL 33131-2624**

7. Name and Address of New Registered Agent

Name
CRONIG, STEVEN C ESQ
Street Address (P.O. Box Number is Not Acceptable)
3250 MARY STREET
SUITE 307
City
MIAMI FL Zip Code
33133

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

3/12/2001

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	BERMAN, DANA	
STREET ADDRESS	3250 MARY ST. SUITE 308	
CITY-ST-ZIP	999 BRICKELL AVENUE, NINTH FLOOR MIAMI FL 33131 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREYER, MICHAEL	
STREET ADDRESS	3250 MARY ST. SUITE 308	
CITY-ST-ZIP	999 BRICKELL AVENUE, NINTH FLOOR MIAMI FL 33131 33133	
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		<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		
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 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

3/12/2001 305-341-0600
Date Daytime Phone

CR2E034 (5/00)

3/20/01