

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90012 007 ***150.00

DOCUMENT # P99000075536

1. Entity Name
HOME ELEGANCE, INC.

Principal Place of Business 5950 W. OAKLAND PARK BLVD. SUITE 103 LAUDERHILL FL 33313	Mailing Address 5950 W. OAKLAND PARK BLVD. SUITE 103 LAUDERHILL FL 33313-1245
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0963088

Applied For

Not Applicable

Zip

Country

Zip

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

SPENCER, SHERNA ESQ
5950 W. OAKLAND PARK BLVD., STE 103
LAUDERHILL FL 33313

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>Director, President</i>	<input type="checkbox"/> Delete
NAME	CRANSTON, DAHLIA	
STREET ADDRESS	5950 W. OAKLAND PARK BLVD. SUITE 103	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE	<i>Company Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Obwald Nugent</i>	
STREET ADDRESS	<i>2517 Wallace Avenue</i>	
CITY-ST-ZIP	<i>Brown, New York 10467</i>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>Vice-President/Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Randal Freddie</i>	
STREET ADDRESS	<i>505 Pine Island Road, apt # 310</i>	
CITY-ST-ZIP	<i>Plantation 33324 - Florida</i>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 address, with all other like empowered.

SIGNATURE: *Dahlia Cranston* **Dahlia Cranston** **4-15-00** **954-894-9078**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)