2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000080464** Apr 22, 2000 8:00 am Secretary of State NEO-HOMES DESIGN & DEVELOPMENT CORP. 04-22-2000 90039 014 ***150.00 Principal Place of Business Mailing Address 212 NE 89 STREET 212 NE 89 STREET EL PORTAL FL 33138-3120 FL PORTAL FL 33138 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Zio Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. __ 6. Name and Address of Current Registered Agent Name MIRANDA, MARIANO Street Address (P.O. Box Number is Not Acceptable) 212 NE 89 STREET **EL PORTAL FL 33138** Zip Code City FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PTD ☐ Delete TITLE TITLE PIMENTEL, FRANKLIN J NAME NAME STREET ADDRESS 99-60 63RD. RD.11B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **REGO PARK NY 11374** ☐ Addition Change TITLE Delete GARCIA, MYSORA NAME NAME STREET ADDRESS STREET ADDRESS 115 W 16 STREET, APT. 217 CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10011** - Change - Addition TIT! F ☐ Delete MIRANDA, MARIANO NAME NAME STREET ADDRESS 212 NE 89 STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP EL PORTAL FL 33138 ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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

indicated on this report or supplemental report is true and accorded 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 attacking with an address with all other like empowered.