

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99.000080464

1. Entity Name

NEO-HOMES DESIGN & DEVELOPMENT CORP.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91589 022 ***150.00

Principal Place of Business Mailing Address
212 NE 89 Street 212 NE 89 Street
EL PORTAL, FL. 33138 EL PORTAL, FL. 33138

2. Principal Place of Business 3. Mailing Address
C/O ACCOUNTING PRACTICE
CORP.

Suite, Apt. #, etc. Suite, Apt. #, etc.
7575 W. Flagler st. #200

City & State City & State
Miami, Fl. 33144

Zip Country Zip Country
33144 Miami-Dade

4. FEI Number Applied For
65-09484498 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

MIRANDA, MARIANO
212 NE 89 Street
EL PORTAL, FL. 33138

Name Enrique Lazaro
Street Address (P.O. Box Number is Not Acceptable)
7575 W. Flagler St. # 200
City Miami FL 33144

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 ENRIQUE LAZARO, REGISTERED AGENT.

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 \$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	PTD	☐ Delete
NAME	PIMENTEL, FRANKLIN J.	
STREET ADDRESS	99-60 63 RD. RD. 11B	
CITY - ST - ZIP	REGO PARK, NY 11374	
TITLE	VD	☐ Delete
NAME	GARCIA, MYSORA	
STREET ADDRESS	115 W 16 STREET, APT. 217	
CITY - ST - ZIP	NEW YORK, NY 10011	
TITLE	SD	☒ Delete
NAME	MIRANDA, MARIANO	
STREET ADDRESS	212 NE 89 STREET	
CITY - ST - ZIP	EL PORTAL, FL. 33138	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MYSORA, MYSORA
VICE-PRESIDENT 5/01/01