

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093719

1. Entity Name

HOME BUYERS REALTY INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90153 032 ***150.00

Principal Place of Business

1100 LEE WAGENER BOULEVARD
SUITE 325
FORT LAUDERDALE FL 33315

Mailing Address

1100 LEE WAGENER BOULEVARD
SUITE 325
FORT LAUDERDALE FL 33315-3555

2. Principal Place of Business

1100 Lee Wagener Blvd.
Suite, Apt. #, etc.
Suite 351

3. Mailing Address

1100 Lee Wagener Blvd
Suite, Apt. #, etc.
Suite 351

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number

65-0957115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LU, LINDA
1100 LEE WAGENER BOULEVARD
SUITE 325
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name William J. Barrett Sr.

Street Address (P.O. Box Number is Not Acceptable)
1100 Lee Wagener Blvd.
Suite 351

City Fort Lauderdale, FL

Zip Code

33315

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

Linda Lu

Linda Lu

3/11/00

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, 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

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LU, LINDA | |
| STREET ADDRESS | 1100 LEE WAGENER BOULEVARD SUITE 325 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33315 | |
| 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 | D, P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lu, Linda | |
| STREET ADDRESS | 1100 Lee Wagener Blvd Suite 351 | |
| CITY-ST-ZIP | Fort Lauderdale, FL 33315 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William J. Barrett Sr. | |
| STREET ADDRESS | 1100 Lee Wagener Blvd. | |
| CITY-ST-ZIP | Fort Lauderdale, FL 33315 | |
| 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:

Linda Lu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/00
Date

(954) 359-4500
Daytime Phone #

CR2E034 (9/99)